

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 10, 1997

ALL COUNTY INFORMATION NOTICE NO. I-55-97

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR TRANSMITTAL

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

SUBJECT: CHANGES TO THE DFA 285-A2, APPLICATION FOR FOOD STAMPS, PART 2 AND CHANGES TO THE TEMP 2131, ADDENDUM TO FOOD STAMP APPLICATION (7/97)

REFERENCE: ALL COUNTY INFORMATION NOTICE NO. I-20-93
ALL COUNTY LETTER NO. 96-51

DFA 285-A2

This letter transmits the DFA 285-A2 (7/97), Application for Food Stamps, Part 2, for the Food Stamp Program. The form has been changed to reflect the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and PRWORA Part II regulations, although other changes have been made to effect consistency with joint application forms. See Attachment A for implementation, obtaining of camera ready copies, translations and stock. See Attachment B for a detailed outline of the changes to the form.

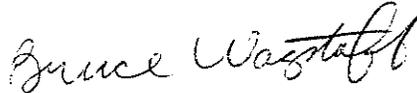
TEMP 2131

This letter also transmits the revised TEMP 2131, Addendum to Food Stamp Application, (7/97). The form was revised due to the PRWORA of 1996, (Part II regulations). The regulations are effective September 1, 1997, and require that applicants be asked if any household member has been convicted of a drug related felony for possession, use or distribution of illegal drugs since August 22, 1996. The applicant then self-certifies to this information. If any member has been convicted of a drug related felony then they are ineligible for food stamps.

The 7/97 version of the DFA 285-A2 contains this question, but joint application forms, JA 2 and SAWS 2, do not. Until these forms are revised, it will be necessary to obtain the information by use of the TEMP 2131 when using the joint application forms. Revisions to the SAWS 2 and the JA 2 are temporarily on hold pending consideration of changes for CalWORKS. The work requirement and food stamp fraud penalties are already on the SAWS 2A.

The TEMP 2131 is provided to counties in master copy format only. Spanish and Asian language versions of the form will be mailed to those counties that indicated the need, as soon as they are available.

If you have any questions, or need further information, please contact Melissa Buchanan of the Food Stamp Program Bureau at (916) 654-8467 or CALNET 464-8467. For questions regarding Asian/Spanish translations, contact Shirley LuKung at (916) 654-1277 or CALNET 464-1277.



BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachment

c: CWDA

ATTACHMENT A

The DFA 284-A2 is a required form. For Food stamp application and reapplication, counties are advised to begin using the 7/97 version effective September 1, 1997. The counties still have the option of using the joint program forms JA 2 or SAWS 2 (Statement of Facts for Cash Aid, Food Stamps and Medi-Cal/State-Run County Medical Services Program) when dealing with either a mixed assistance or a public assistance household. However, counties should realize that if they do use these forms, use of the TEMP 2131, Addendum to Food Stamp Application, is still required to capture all the information needed under PRWORA including new information required by the PRWORA II regulations effective September 1, 1997. This will be necessary until such time as the JA 2/SAWS 2 are amended to include the information obtained by the TEMP 2131.

CAMERA-READY COPIES AND TRANSLATIONS

Counties needing camera-ready copies of the forms in any of the available languages, English, Spanish and Asian (Chinese, Cambodian and Vietnamese), may call the Forms Management Unit at (916) 657-1907 or CALNET at 437-1907.

STOCK

The California Department of Social Services (CDSS) will no longer stock the 4/93 version of the DFA 285-A2. CDSS will issue the Notice of Change Form (GEN 127) when the English and Spanish versions of the form are available. The English language version is expected to be available by August 1, 1997. The Spanish language version is expected to be available at a later date. See the County Forms Catalog for the procedures for ordering forms from the CDSS Warehouse.

DFA 285-A2 CHANGES

The DFA 285 A-2 (7/97) replaces the DFA 285-A2 (4/93). Differences between the new form and the old form are outlined below. "PAGE" numbers refer to placement on the new DFA 285-A2. "New question" numbers refers to the question number on the 7/97 version of the form, "Old question" number to its placement on the 4/93 version of the form.

PAGE 1

- The Name and Address areas have been reformatted and designated as new questions one and two.
- New Question 1 asks for name, home address, and phone.
- New Question 2, has been added to ask if the applicant/recipient is homeless and if so, are they staying in the home of someone else and for how long. A check box in the county use column has been added that reads, "Length of time in another's home:". If a different mailing address is used, or they have a daytime or message phone, it is listed in this item as well.
- New Question 3/Old Question 1: the following subset items regarding household members are revised or reformatted:
 - the box dealing with citizenship/alien status has been renamed "Citizen/Non-citizen Status". The boxes to check now include U.S. Citizen/National, Lawful non-citizen, Undocumented non-citizen, sponsored, refugee, and other as well as:
 - New item: Asylee has been added to this box.
 - A box has been added next to "Blind, Deaf, or Disabled" for "Pregnant" with yes and no check boxes. This is for the ABAWD work requirement.
 - The county use area for the subset items has been reformatted and two items have been added: "DFA 285C Completed" and "Pregnant (ABAWD)", each with yes and no check boxes.
- At the bottom of the page in the county use section, under FS Non-HH/Excluded member three new items have been added:
 - New item 15: Voluntary Quit Ineligible
 - New item 16: Ineligible/disqualified ABAWD
 - New item 17: Fleeing felon/parole or probation violator.
- In addition to the new items, all manual sections have been updated to reflect current regulation changes.
- Also in the county use section at the bottom of the page the Work Exemptions area has been revised. The title is now "FS and ABAWD Work/Training Exemptions" and several new items have been added under a separate heading for ABAWD Exemptions:
 - New item 1: ABAWD w/ exemption of b, d, e, f, or h.
 - New item 2: Under 18/over 50.
 - New item 3: Pregnant.
 - New item 4: Caring for any dependent.
 - New item 5: Lives in ABAWD exempt area.

PAGE 2

- The same new subset items have been added or changed for each item (E) through (J) as on page one.
- New Question 4A and 4 B/Old Question 2 has been reworded for clarity.
- New Question 5/Old Question 5: the items have been bulleted for ease of reading. “Meals on Wheels” has been dropped from the list as it doesn’t effect eligibility for food stamps.
- Old Question 3 has been moved to page six and renumbered to New Question 22. It was moved so that questions dealing with sanctions or ineligibility are dealt with in one area and are asked right before the certification section and signature.

PAGE 3

- Old Question 4 has been moved to page six for the same reasons as Old Question 3 above.
- Question 6 has been reformatted with each item bulleted for ease of reading. Several of the bullets have been reworded to be consistent with the SAWS 2 and/or JA 2.
 - A new section has been added to the subset for “Date Expected To Leave”.
- Question 7A and B: the first subset box has been reworded for both questions to help eliminate confusion about whose name should be entered in the box.
- Question 11 now appears on this page.
- New Question 12 has been added to obtain information regarding the ABAWD work requirement.

PAGE 4

- New Question 13 concerns lawful non-citizens and establishing the forty quarters/ten years of work history for food stamp eligibility. There are four subset questions and an area to fill in information regarding military active duty or veteran status. The county use column contains check boxes to indicate that 40 quarters have been verified, that the client signed a release for Social Security, and that the “honorable discharge” status of a veteran has been either verified or not verified.
- New Question 14/ Old Question 12 deals with income from numerous sources. This has been reformatted and condensed slightly.
- New Question 15, item A/ Old Question 13A and B has been changed to now ask both previous questions in one. The new question includes check boxes under a new heading “Name of Person Who Receives Care” to indicate whether an adult or child is being cared and is an expense. Additional new headings are: “Name of Person Who Pays” and “Name of Person Who Gives Care”.
- New Question 15, item B is a revised version of Old item C., asking “Does anyone pay all or part of your child care costs?”
- New Question 16 asks if anyone pays child support. This has been an allowable deduction for the last two years. The county use column has a place to document that a court order is on file for the child support being paid and claimed as a deduction.

PAGE 5

- New Question 17/ Old Question 14 A: in the column that indicates use, check boxes have been added to indicate if this is used as a home or rental. If a rental, then a place for the monthly rental income is given.
- New Question 17, item D has been reformatted to be consistent with the SAWS 2 and JA 2.
 - New types of vehicles are listed in the question including jet skis and snowmobiles.
 - A place for the applicant/recipient to indicate whether the vehicle is leased has been added.
 - Under use of vehicle, lines for “needed for disabled household member” and “to get household’s fuel or water” have been added as required by regulation changes.
 - In the county use only section, these same items have been added to the question in item A.

PAGE 6

- Several questions have been renumbered and/or moved to this page:
 - New Question 18 was Old Question 15.
 - New Question 19 was Old Question 16.
 - New Question 20 was Old Question 17.
 - New Question 21 was Old Question 18.
 - New Question 22 was Old Question 3.
 - New Question 23 was Old Question 4.
- Questions 24 and 25 are completely new questions, not asked on previous forms.
- New Questions 19 and 20 have been reformatted to be consistent with questions asked on the SAWS 2 and JA 2.
- In question 19, part A deals with how the household and all persons living in the home pay their shelter expenses. Part B deals with any person or agency, not living in the home, who is paying any part of the shelter expenses.
- Question 20 was formatted in the same way. A phrase, “which is not part of your rent paid” has been added to the question in 20A.
- The third line on 20 A has been changed to be Yes/ No check boxes and the balance of the line shaded to indicate nothing needs to be entered in those spaces.
- Question 21 dealing with authorized representative has been reworded for clarity.
- Question 22 has been expanded to include “failure to meet the Able Bodied Adults Without Dependent (ABAWD) requirement”.
- New question 24 asks if any member of the household is “hiding or running from the law for a felony, attempted felony or a parole or probation violation”.
- New question 25 asks if any member of the household has been “convicted of a drug related felony for possession, use or distribution of illegal drugs since August 22, 1996.” A subset area is given to give the name of the person convicted and date of conviction.

PAGE 7

- The third bullet under the certification section has been changed to indicate that not only will INS be checked for non-citizen status but that the Social Security Administration will also be routinely checked for work quarters information of non-citizens.
- The county use section has been substantially reformatted, with "YES", "NO", "NA", and "IF NO, NAME" headings. Areas not applicable to entering an individual's name have been shaded in the heading for "If No, Name" area.
- Eligibility Worker signature and date blocks have been added to the bottom of the county use section. This is to facilitate use for counties that have one worker who reviews the form with the applicant/ recipient and another worker actually establishes the eligibility status and completes the case. If the same worker does both actions then they can sign both places. If not, then each worker can sign the form.

APPLICATION FOR FOOD STAMPS - PART 2

INSTRUCTIONS: Please fill in this form in ink and bring or mail it to the Food Stamp Office. The application must be signed by an adult household member or by the Authorized Representative. If it is completed by an adult who is not a member of your household, attach a written authorization signed by the head of the household or another household member.

If you need more space, attach another sheet of paper.

Tell your worker if you need help in getting proof or filling out this form.

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER	DATE RCD
<input type="checkbox"/> New	<input type="checkbox"/> Recert
<input type="checkbox"/> Residency verified	
<input type="checkbox"/> Length of time in another's home:	
<input type="checkbox"/> FS ID verified	

1 NAME (HEAD OF HOUSEHOLD)	2 ARE YOU HOMELESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE YOU STAYING IN THE HOME OF SOMEONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE BEGAN STAYING IN THIS HOME:
HOME ADDRESS (NUMBER, STREET)	MAILING ADDRESS (IF DIFFERENT OR LOCATION OF WHERE YOU STAY IF YOU ARE HOMELESS)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
HOME PHONE NUMBER ()	DAYTIME OR MESSAGE PHONE NUMBER ()

3 Provide the following information on each person living in the home, including yourself. You must list all people in the home whether or not they want food stamps.

A YOUR NAME (FIRST MIDDLE LAST)			CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		FS/ABAWD Code	Non-HH/Excl'd Member Code
SOCIAL SECURITY NUMBER	SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO HEAD OF HOUSEHOLD	Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE / /	BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Elig. Non-citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAVE	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	DFA 285C Complt'd	<input type="checkbox"/> Yes <input type="checkbox"/> No
		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant (ABAWD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B NAME (FIRST MIDDLE LAST)			CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		FS/ABAWD Code	Non-HH/Excl'd Member Code
SOCIAL SECURITY NUMBER	SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO HEAD OF HOUSEHOLD	Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE / /	BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Elig. Non-citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAVE	<input type="checkbox"/> Yes <input type="checkbox"/> No
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	DFA 285C Complt'd	<input type="checkbox"/> Yes <input type="checkbox"/> No
		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant (ABAWD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C NAME (FIRST MIDDLE LAST)			CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		FS/ABAWD Code	Non-HH/Excl'd Member Code
SOCIAL SECURITY NUMBER	SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO HEAD OF HOUSEHOLD	Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE / /	BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Elig. Non-citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAVE	<input type="checkbox"/> Yes <input type="checkbox"/> No
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	DFA 285C Complt'd	<input type="checkbox"/> Yes <input type="checkbox"/> No
		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant (ABAWD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D NAME (FIRST MIDDLE LAST)			CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		FS/ABAWD Code	Non-HH/Excl'd Member Code
SOCIAL SECURITY NUMBER	SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO HEAD OF HOUSEHOLD	Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE / /	BLIND, DEAF OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Elig. Non-citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAVE	<input type="checkbox"/> Yes <input type="checkbox"/> No
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	DFA 285C Complt'd	<input type="checkbox"/> Yes <input type="checkbox"/> No
		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant (ABAWD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

COUNTY USE ONLY

FS Non-HH/Excluded Member (63-402)			FS and ABAWD Work/Training Exemptions (63-407, 410)	
1. Separate HH (Purchase/prepare) (.12, .13)	10. Workfare sanctioned (.224)	a. Under 16/60 or older	h. Meets student eligibility regs	
2. Separate HH (Elderly/disabled) (.17)	11. SSI/SSP recipient (.225)	a.(1) 16/17 not head of household or in school or training at least half time	ABAWD Exemptions:	
3. Roomer (must be listed in (7)) (.211)	12. Ineligible student (.226)	b. Mentally/physically unfit for work	1. ABAWD w/exemption of b,d,e,f, or h	
4. Live-in attendant (.212)	13. Work req. disqualified (.227)	c. GAIN registered	2. Under 18/over 50	
5. Other Shared Living Quarters (.213)	14. Questionable citizenship (403.31)	d. Cares for child under 6/incapacitated person	3. Pregnant	
6. Ineligible alien (.221)	15. Vol. Quit ineligible (408.2)	e. UIB registered	4. Caring for any dependent	
7. Boarder (must be listed in (7)) (.3)	16. Ineligible/disqualified ABAWD (401.4)	f. Participant in drug/alcohol program	5. Lives in ABAWD exempt area	
8. SSN disqualified (.222)	17. Fleeing Feion/parole or probation violator (.224)	g. 30 hour week/min. x 30		
9. IPV disqualified (.223)				

E NAME (FIRST MIDDLE LAST)				CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		COUNTY USE ONLY			
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		RELATIONSHIP TO HEAD OF HOUSEHOLD		FS/ABAWD Code		Non-HH/Excl'd Member Code	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE / /		BLIND, DEAF, OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						Elig. Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
								SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
								DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

F NAME (FIRST MIDDLE LAST)				CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		COUNTY USE ONLY			
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		RELATIONSHIP TO HEAD OF HOUSEHOLD		FS/ABAWD Code		Non-HH/Excl'd Member Code	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE / /		BLIND, DEAF, OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						Elig. Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
								SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
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								DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

G NAME (FIRST MIDDLE LAST)				CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		COUNTY USE ONLY			
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		RELATIONSHIP TO HEAD OF HOUSEHOLD		FS/ABAWD Code		Non-HH/Excl'd Member Code	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE / /		BLIND, DEAF, OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						Elig. Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
								SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
								DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

H NAME (FIRST MIDDLE LAST)				CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		COUNTY USE ONLY			
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		RELATIONSHIP TO HEAD OF HOUSEHOLD		FS/ABAWD Code		Non-HH/Excl'd Member Code	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE / /		BLIND, DEAF, OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						Elig. Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
								SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
								DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

I NAME (FIRST MIDDLE LAST)				CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		COUNTY USE ONLY			
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		RELATIONSHIP TO HEAD OF HOUSEHOLD		FS/ABAWD Code		Non-HH/Excl'd Member Code	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE / /		BLIND, DEAF, OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						Elig. Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
								SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
								DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

J NAME (FIRST MIDDLE LAST)				CITIZEN/NON-CITIZEN STATUS: (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Lawful non-alien <input type="checkbox"/> Undocumented non-citizen <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other:		COUNTY USE ONLY			
SOCIAL SECURITY NUMBER		SEX (CHECK ONE) <input type="checkbox"/> M <input type="checkbox"/> F		RELATIONSHIP TO HEAD OF HOUSEHOLD		FS/ABAWD Code		Non-HH/Excl'd Member Code	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE / /		BLIND, DEAF, OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
EATS, BUYS FOOD OR FIXES MEALS WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		60 OR OLDER AND UNABLE TO BUY FOOD AND FIX MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO						Elig. Non-citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
								SAVE <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
								DFA 285C Compltd <input type="checkbox"/> Yes <input type="checkbox"/> No	
								Pregnant (ABAWD) <input type="checkbox"/> Yes <input type="checkbox"/> No	

4 A. Is there a foster child(ren) living in the home? YES NO
If "YES", who:

B. Do you want the foster child(ren) and their foster care income included in the Food Stamp case? YES NO

5 Does anyone get food from any program, such as: YES NO

- communal dining facility for the elderly or disabled
- food distribution program operated by a Native American Reservation
- any other food program

If "YES", explain below:

NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM

6 Does anyone live in: YES NO

- homeless shelter
- shelter for battered women
- federally subsidized housing for the elderly
- reservation for Native Americans
- drug or alcoholic rehabilitation center
- group living arrangement for the blind/disabled
- penal institution/correctional facility
- psychiatric hospital/mental institution

If "YES", explain below:

COUNTY USE ONLY

FS Eligible Facility
 YES NO

NAME _____ NAME OF CENTER, SHELTER, ETC. _____ DATE EXPECTED TO LEAVE _____

Separate household requested:
 YES NO

7 A. Do you pay anyone for meals and/or a room? YES NO
 If "YES", explain below:

NAME OF PERSON YOU PAY _____ CHECK (✓) Meals Room Both _____ HOW MUCH \$ _____ HOW OFTEN _____ NO. OF MEALS PER DAY _____

Household Elects

Boarder	HH Member	ROOMER

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

NAME OF PERSON WHO PAYS YOU _____ CHECK (✓) Meals Room Both _____ HOW MUCH \$ _____ HOW OFTEN _____ NO. OF MEALS PER DAY _____

Boarder	HH Member	ROOMER

8 Is anyone 18 years of age or older enrolled in school, college or a training program? YES NO
 If "YES", explain below:

NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED IN	ENROLLED (✓) <input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> OTHER	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED IN	ENROLLED (✓) <input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> OTHER	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO

FS Eligible student
 YES NO

FS Eligible student
 YES NO

9 Is anyone, including children, currently working or expecting to work in the next two months? YES NO
 If "YES", explain below:
 (NOTE: If self-employed, list and explain costs on a separate sheet of paper and attach to this form.)

Earnings & Expenses

NAME OF PERSON	OCCUPATION	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER'S NAME
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ _____ PER _____	TIPS OR COMMISSIONS <input type="checkbox"/> VERIFIED
NAME OF PERSON	OCCUPATION	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER'S NAME
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ _____ PER _____	TIPS OR COMMISSIONS <input type="checkbox"/> VERIFIED

Exempt income <input type="checkbox"/> YES <input type="checkbox"/> NO	Self-employed farmer? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Verif(s) on file	

10 Is anyone on strike? YES NO
 If "YES", explain below:

NAME OF STRIKER _____ NAME OF UNION _____ NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM _____ DATE WENT ON STRIKE _____

Striker Regs Apply
 YES NO

Gross Monthly Income Earned from this job before the Strike: \$ _____

11 Has anyone stopped or refused work or training in the last 60 days? YES NO
 If "YES", explain below:

NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINING	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____
HOURS OF WORK/TRAINING	LAST DAY OF WORK OR TRAINING	DATE LAST PAYCHECK RECEIVED	
NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINING	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____
HOURS OF WORK/TRAINING	LAST DAY OF WORK OR TRAINING	DATE LAST PAYCHECK RECEIVED	

Voluntary Quit? YES NO
 Good Cause YES NO

Voluntary Quit? YES NO
 Good Cause YES NO

12 Is there a child or disabled person in the household who needs care from another household member? If "YES", explain below: YES NO

NAME OF PERSON NEEDING CARE _____ NAME OF PERSON(S) PROVIDING CARE _____ HOURS OF CARE DAILY _____

13 Are all members of the household citizens of the United States? YES NO
 If "NO", complete the following questions for each member who is NOT A CITIZEN:

COUNTY USE ONLY

List Name of Person Who Is A Non-Citizen	A. How many years total have you, your spouse, and/or your parents, (before you were 18 years old) lived in the United States?	B. In how many of the years reported in 13A, did you, your spouse or your parents (before you were 18 years old) earn money by working in the United States?	C. How many total years did you, your spouse, or your parents (before you were 18 years old) work in the United States or for a U.S. company while not living in the United States?	D. Check below if non-citizen is on active duty in the U.S. Military, a veteran, or the spouse or dependent child of someone on military active duty or a veteran. If checked, complete information below.
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>

40 Quarters Verified
 Client Release For Social Security On File

NAME OF ACTIVE DUTY MILITARY PERSON OR VETERAN	BRANCH OF SERVICE	DATES SERVED

Honorable Discharge Verified
 YES NO

14 Does anyone, including children, get or expect to get money from any source listed below? Check (✓) YES or NO for each item. If you check YES, complete information below.

	YES	NO		YES	NO
Training, Work Study, JTPA, GAIN, other Training Allowances			Veterans Administration: Disability, GI Bill VEAP, Aid & Attendance		
Educational Grants, Loans and Scholarships			Military Allotment or Pension		
Cash Assistance: AFDC, Refugee Assistance, GA/GR (General Assistance/Relief)			Railroad Retirement Board: Disability or Retirement		
Social Security Administration: SSI, Other Disability, Retirement or Survivors Benefits			Other Federal, State or Local Government Agency: Disability or Retirement		
State Benefits: UIB/DIB (Unemployment/Disability Benefits)			Other Pension or Disability		
Worker's Compensation			Loans, Gifts, Contributions		
Child/Spousal Support			Winnings (bingo, lottery, prizes, etc.)		
Strike Benefits			Other: (Explain)		

Verif(s) on File Explain Anticip. Income

If "YES", complete below:

WHO	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY)	WHEN	HOW OFTEN
		\$		
		\$		

Exempt YES NO
 Exempt YES NO

15 A. Does anyone pay for care of a child or disabled adult, so they can go to work, training, school, or look for a job? YES NO
 If "YES", explain below

NAME OF PERSON WHO RECEIVES CARE CHECK (✓) ONE: <input type="checkbox"/> ADULT <input type="checkbox"/> CHILD	NAME OF PERSON WHO PAYS	NAME OF PERSON WHO GIVES CARE	HOW MUCH	HOW OFTEN
			\$	
			\$	

Verif(s) on File
 Verif(s) on File

WHY CARE IS NEEDED:

B. Does anyone pay all or part of your child care costs? YES NO
 Include costs paid by a relative or friend, Department of Education, Block Grant, CAL-LEARN, TCC, NET, GAIN, SCC, CAAP, etc.
 If "YES", explain below

Indicate type of child care program: TCC, NET, Dept. Of Education, SCC, Block Grant, CAL-LEARN, CARE, etc.

NAME OF CHILD	WHO PAYS	AMOUNT PAID	WHEN

16 Does anyone pay child support? YES NO
 If "YES", explain below

Court order on file YES NO
 Amount ordered \$

NAME OF PERSON WHO PAYS	NAME OF CHILD GETTING CHILD SUPPORT	AMOUNT PAID PER MONTH	COURT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO

17 A. Does anyone own or is anyone buying real estate anywhere (in or outside the United States)? YES NO
 If "YES", complete below. Include all real property owned, used, controlled, shared or held.

TYPE (LAND, HOUSE, APARTMENT, ETC.)	ADDRESS OR LOCATION	USED AS: <input type="checkbox"/> HOME <input type="checkbox"/> RENTAL INCOME FROM RENTAL PER MONTH: \$	OWNER(S)	ESTIMATED VALUE \$	AMOUNT OWED \$
		USED AS: <input type="checkbox"/> HOME <input type="checkbox"/> RENTAL INCOME FROM RENTAL PER MONTH: \$			

COUNTY USE ONLY

Home exempt Yes No
 Rental Exempt Yes No

Other Real Property
 Market Value \$ _____
 Amount Owed \$ _____
 Net Value \$ _____

B. Does anyone, including children, have any of the resources listed below? YES NO
 If "YES", complete below. Include all resources owned, used, controlled, shared or held jointly with or for another person(s).
 The county will figure if these resources count.
 Check (✓) YES or NO for each item. (Do not include the home you are living in, household goods, or personal items (books, clothes, etc.).

	YES	NO		YES	NO
Cash or checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, sales contracts (payable to you)		
Checking/Saving account/credit union accounts			Retirement Funds (if you are no longer working)		
Stocks, bonds, certificates of deposit, money market accounts, etc.			IRA or Keogh Plans, Employee Deferred Compensation		
Trust funds			Other (Explain)		
Oil, mining, or mineral rights					

Total Value = \$ _____

If "YES", complete below.

TYPE OF RESOURCE	OWNER	CURRENT VALUE	AMOUNT OWED (IF ANY)	NAME AND ADDRESS OF BANK, ETC.	ACCOUNT NUMBER
		\$	\$		
		\$	\$		
		\$	\$		

(✓) if exempt

C. Does anyone get income from any of these resources, such as interest, dividends, etc.? YES NO
 If "YES", complete below.

WHO	SOURCE OF MONEY	HOW MUCH \$	HOW OFTEN

D. Does anyone own any cars, trucks, boats, trailers, vans, campers, motorcycles, mobile homes, houseboats, jet skis, snowmobiles, or other vehicles? YES NO
 IF "YES", COMPLETE THE FOLLOWING FOR EACH VEHICLE, EVEN IF NOT RUNNING
 Look at your registration to get facts for each vehicle you own.

	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? (✓) LEASED (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <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 THIS 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			

Vehicle value
 (Enter Date of blue book issue or other documentation)
 (1) Date: _____ \$ _____
 (2) Date: _____ \$ _____
 (3) Date: _____ \$ _____

TOTAL RESOURCES
 \$ _____

COUNTY USE ONLY - VEHICLES

(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member (63-501.521)	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)		(C) Fair Market Values			
	<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	FMV \$	Minus \$	Minus \$	Minus \$
							Excess Value			
(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	(D) Equity Values			
							FMV			
							Minus Encumbrance			
							Equity Value			

18 Has anyone sold, spent, or given away any real or personal property in the last 3 months such as a house, land, cars, bank accounts, money from a legal or accident settlement, or anything else? YES NO
 If "YES", explain what and when:

COUNTY USE ONLY

19 A. Do you or anyone living with you have any housing costs? YES NO
 If "YES", complete below:

	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)	\$	\$	\$	

Total housing verified? YES NO
 Total housing \$ _____
 Shared housing YES NO

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.) YES NO
 If YES, complete below:

TYPE OF HOUSING COST	WHO PAYS	HOW MUCH EACH ONE PAYS	HOW OFTEN BILLED
		\$	
		\$	

20 A. Do you or anyone living with you have utility costs, which is not part of the rent paid? YES NO
 If Yes, complete below:

	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBER 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Water	\$	\$		
Sewage	\$	\$		
Garbage or trash	\$	\$		
Telephone (basic rate)	\$	\$		
Installation of utilities	\$	\$		
Other (explain)	\$	\$		

Utilities verified? YES NO
 Client elects: Actual SUA
 If actual, Total utilities \$ _____
 SUA prorated: YES NO
 If YES, show computation.

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

WHO PAYS	TYPE OF UTILITY	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		\$	

DOCUMENT:

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

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		()

22 Have food stamps been stopped for anyone due to non-cooperation for any reason, including a quality control review, or because of work or training sanctions, or failure to meet the Able Bodied Adults Without Dependents (ABAWD) work requirement? If YES, complete below: YES NO

NAME	WHY	WHEN	HOW LONG?	WHAT COUNTY/STATE

23 Have food stamps been stopped for anyone for an Intentional Program Violation or Welfare Fraud? If YES, complete below: YES NO

NAME	WHY	WHEN	HOW LONG?	WHAT COUNTY/STATE

24 Is any member of the household hiding or running from the law for a felony, attempted felony, or a parole or probation violation? If YES, complete below: YES NO
 NAME:

25 Has any member of your household been convicted of a drug related felony for possession, use, or distribution of illegal drugs since August 22, 1996? If YES, complete below: YES NO

NAME OF PERSON CONVICTED	DATE OF CONVICTION

CERTIFICATION

- I understand the questions on this form.
- I understand that any facts I have given, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and employment agencies, etc.
- I understand the county will send information to the Immigration and Naturalization Service (INS) for verification of non-citizen status and to the Social Security Administration to check work quarters information, if I am a non-citizen.
- I understand the information the county gets from INS and/or Social Security may affect my eligibility for food stamps.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by the county, state, and federal personnel, and that if I give wrong facts my food stamps may be denied or stopped.
- I understand the penalties, including the specific disqualification penalties for food stamps, for giving wrong or incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamps.
- I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a non-citizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

SIGNATURE (ADULT HOUSEHOLD MEMBER AUTHORIZED REPRESENTATIVE)	DATE
WITNESS, IF YOU SIGNED WITH AN "X", OR SIGNATURE OR INTERPRETER	DATE
ELIGIBILITY WORKER SIGNATURE	DATE

COUNTY USE ONLY

REGULATIONS MET? CHECK (✓) EACH ITEM	YES	NO	N/A	IF NO, NAME
Residency				
Citizen Status				
Non-Citizen Status				
Sponsored Non-Citizen				
SSN				
Resources-Within limits & Amount \$				
Work Registration/ABAWD				
Student Regs				
Categorically Eligible				
Gross Income Test Household Size Gross Monthly Income \$				
Gross Income Eligible				
Separate HH Income Test Household Size Gross Monthly Income \$				
Eligible for Separate HH Status				
Aged/Disabled DFA 285-C Given and Completed				
<input type="checkbox"/> INELIGIBLE (REASON)				
EW SIGNATURE	DATE			

ADDENDUM TO FOOD STAMP APPLICATION

Due to changes in Food Stamp laws effective September 22, 1996, you need to give us additional information not asked on the current application forms. Please answer the following questions and then read and sign this form when your worker has explained it to you.

1. If you are homeless, are you temporarily staying in someone's home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when did you begin staying at this home? Date: _____	County Use Column
2. (a) Is any member of the household hiding or running from the law for a felony, attempted felony, or a parole or probation violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the name of the person _____ (b) Has any member of your household been convicted of a drug related felony for possession, use, or distribution of illegal drugs since August 22, 1996? <input type="checkbox"/> YES <input type="checkbox"/> NO If, YES, please give name of person and date of conviction: Name _____ Date of Conviction: _____	
3. If any member of the household is not a citizen of the United States , please complete the following questions: a) How many years total have you or your spouse or your parents (before you were 18 years old) lived in the United States? _____ b) In how many of the total years reported, in answer 3a above, did you or your spouse or your parents (before you were 18 years old) earn money by working in the United States? _____ c) How many total years did you or your spouse or your parents (before you were 18 years old) work in the United States while not living in the United States? _____	

Food Stamp Fraud Penalties

There are new food stamp fraud penalties.

I understand that if I am convicted of an Intentional Program Violation, for having given wrong facts or incomplete facts, I can be disqualified for **one year** for the **first violation** and **two years** for the **second violation** and **forever** for the **third violation**. If I am found guilty in any court of law of having traded food stamps for a controlled substance, I will be disqualified for **two years** for the **first violation** and **forever** for the **second violation**.

If I trade or sell food stamps worth \$500 or more, I can be disqualified **forever**.

If I am found to have filed more than one application at the same time and have given false identification or residence information, my food stamps can be stopped for **10 years**.

Work Requirement Penalties

There are new Work Requirement Penalties effective **September 22, 1996**. If you do not meet all the food stamp work rules, you can be disqualified for a period of time and you can be disqualified even if you aren't the head of the household or you do not have the most income.

I understand that I can be disqualified for:

- **One month or until I do what I should do, whichever is later**, for the **first** time I fail to meet food stamp work rules.
- **Three months or until I do what I should do, whichever is later**, for the **second** time I fail to meet food stamp work rules.
- **Six months or until I do what I should do, whichever is later**, for the **third** time I fail to meet food stamp work rules.

APPLICANT/RECIPIENT CERTIFICATION

I have completed the questions above and read all the information. I understand the new food stamp rules and penalties apply to my application or reapplication for food stamps. I understand the new rules and agree to comply with them. I **declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this form is true, correct and complete.**

SIGNATURE ADULT HOUSEHOLD MEMBER (AUTHORIZED REPRESENTATIVE)	DATE
WITNESS IF YOU SIGN WITH AN X	DATE
ELIGIBILITY WORKER SIGNATURE	DATE