

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814

November 6, 1997

ALL COUNTY INFORMATION NOTICE NO. I-70-97



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: ELIGIBILITY AND GRANT FORMS TO IMPLEMENT THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

REFERENCE: ASSEMBLY BILL (AB) 1542, Chapter 270, Statutes of 1997, ACIN I-51-97; ALL COUNTY LETTERS (ACLs) NO. 97-59, 97-65, 97-66, 97-67, 97-68, 97-69, 97-70, 97-71

The purpose of this letter is to provide the counties with CalWORKs forms and forms-related materials for implementation of the provisions of AB 1542, Chapter 270, Statutes of 1997, effective January 1, 1998. This letter consolidates all necessary forms and forms-related materials. It includes materials transmitted under separate cover in the CalWORKs implementing ACLs. See Attachment A for a list of the materials included. Provided are forms, informing notices, suggested informing language, and standardized forms-related information, including an outline of the specific changes to the included documents; instructions on how to obtain translations and camera-ready copies, etc.

The CA forms numbering series is being phased out and replaced with the new CW forms series; for example, the CW 40 replaces the CA 40. This letter transmits the initial copy of the following forms:

- CW 40 CalWORKs Reduced Income Supplemental Payment (RISP)
- SAWS 1 Coversheet and Application for Cash Aid, Food Stamps, and Medi-Cal/State County Medical Services Program (CMSP)
- SAWS 2 Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/CMSP
- SAWS 2A Rights and Responsibilities and Other Important Information

This letter also transmits copies of documents previously released in other CalWORKs implementing ACLs:

<u>Form Number</u>	<u>Form Name</u>	<u>Released in ACL</u>
• CW 30	CalWORKs Budget Worksheet (Corrected)	97-59
• TEMP CW 100	Informing Notice for Grant Structure (Corrected)	97-59
• TEMP CW 101	Informing Notice for Immunizations	97-70
• TEMP SL 1	Property/Resource Limits	97-66
• TEMP SL 2	Restricted Accounts & Transfer of Assets	97-66
• TEMP SL 3	Overpayment Collection & Voucher/Vendor Payments	97-66
• TEMP SL 4	School Attendance	97-70
• TEMP SL 5	Failure to Cooperate with Child Support and 60 Month Time Limit	97-65

### CONTACTS

If you have any questions or need further information regarding the forms-related issues in this letter, please contact the following staff regarding the specific program areas:

- This letter and the attachments: Elizabeth Allred at (916) 657-3350/CALNET at 437-3350 or Donna Morgan at (916) 654-5709/CALNET at 464-5709;
- Food Stamp Program: Melissa Buchanan at (916) 654-8467/CALNET at 464-8467;
- Asian/Spanish translations: Shirley LuKung at (916) 654-1277/CALNET at 464-1277;
- Medi-Cal: Kveta Simon at (916) 657-2767/CALNET at 437-2767.

Sincerely,

  
CURTIS HOWARD, Acting Chief  
CalWORKs Program Branch

### Attachments

- c: CWDA  
Frank Martucci, Department of Health Services

ATTACHMENT A - LIST OF ATTACHMENTS

<u>ATTACHMENT</u>	<u>SUBJECT</u>
B	Forms-related information
C	SAWS 1 and SAWS 2
D	SAWS 2A
E	CW 40
F	CW 30
G	TEMP CW 100 and TEMP CW 101
H	TEMP SL 1, 2, 3, 4, 5

## ATTACHMENT B - FORMS RELATED INFORMATION

### OVERVIEW INFORMATION

- Ancillary forms needed to implement CalWORKs will be revised and transmitted to the counties on a flow basis. These forms include supplemental application forms, such as the CA 8/CA 8A, Add a Person, and CA 7/SAWS 7 Monthly Eligibility/Status forms. When released, however, they will be renumbered as the CW 8/CW 8A and CW 7/SAWS 7 respectively.
- In addition to changes on forms for CalWORKs and Welfare-to-Work implementation, the SAWS 2 and SAWS 2A are revised to incorporate changes for Food Stamps (FS) and Medi-Cal.

### CHANGE IN FORMS DESIGNATION

County Welfare Departments (CWDs) are advised that the forms designation for the SAWS 1, SAWS 2, SAWS 2 A is changed from "Required Form - No Substitute" to "Required Form - Substitute Permitted." However, CWDs must obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification of or substitution to these and other "Substitute Permitted" forms. For CalWORKs and/or FS Programs changes, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22 and Food Stamp Handbook Regulations 63-1250. For Medi-Cal changes or substitutions, CWDs should forward requests to the Department of Health Services, Medi-Cal Eligibility Branch.

The forms designation for the other documents released in this package is changed from "Required Form - Substitute Permitted" to "Recommended." Counties may edit or reformat these documents as long as they comply with any mandated informing requirements specified in any CalWORKs implementation ACL or ACIN.

### TRANSLATIONS AND CAMERA-READY COPIES

Attachment G contains copies of the Spanish and Asian language translations for the TEMP SL 1, 2, 3, and 4. Counties should call the Forms Management Bureau at (916) 657-1907 or CALNET at 437-1907 for camera-ready copies of any form, informing notice, and/or suggested informing narrative in the following languages: English, Spanish, Chinese, Cambodian, and Vietnamese. However, counties that have provided Language Services Bureau with a county contact and the specific languages needed in their county will automatically be sent those languages as soon as the document (form/informing narrative/NA form/NOA messages) is translated.

## STOCK

State produced stock for the SAWS 1, SAWS 2, SAWS 2A, and CW 40 is expected to be available December 10, 1997. Stock of the Spanish language versions of the SAWS 1, SAWS 2, SAWS 2A may be ordered from the CDSS Warehouse according to the forms ordering procedures in the County Forms Catalog upon receipt of the Notice of Change Form (GEN 127), that is issued when stock is available.

## ATTACHMENT C - SAWS 1 and SAWS 2

### SAWS 1 OVERVIEW

- CalWORKs replaces the term/acronym for Aid to Families with Dependent Children/AFDC.

### SAWS 1 COVERSHEET

- Information about the Diversion program is added to the coversheet and a definition for Diversion is added to Page 2, column 1.
- The information and definition of California Alternative Assistance Program (CAAP) is deleted.
- The Intentional Program Violation (IPV) section on page 2, column 2, is revised to update the narrative to include the new "five" year penalty for certain types of fraud under CalWORKs.
- The "STATE HEARING" section is reformatted for clarity.

### SAWS 1 APPLICATION

- Item 9 is revised to include diversion as an example of aid previously requested or received.
- A checkbox in the County Use Only (CUO) section is added for Diversion processing.

### SAWS 2 OVERVIEW

- The SAWS 2 (1/98) replaces both the JA 2 (4/97), Application for Cash Aid and Food Stamps, and the SAWS 2 (10/96), Application for Cash Aid, Food Stamps, Medi-Cal/CMSP.
- Some questions and CUO sections are deleted, reformatted, or expanded.
- Some changes parallel changes that were previously implemented on the JA 2 (4/97).
- CalWORKs replaces the term/acronym for Aid to Families with Dependent Children/AFDC.
- "Welfare-to-Work" or "Work" replaces the term/acronym for Greater Avenues for Independence/GAIN.
- "PAGE" numbers refer to placement on the SAWS 2 (1/98). "New Item" number refers to the question number on the SAWS 2 and the old item number refers to the SAWS 2 (10/96), not the JA 2.

### PAGE 1

#### New Item 1B

- New item 1B is added to obtain homeless status for Food Stamps (FS).

## New Item 2

- The subset item for "SEX" is relocated to the line with "BLIND, DEAF, DISABLED" and "PREGNANT."
- The CUO section at the bottom of the page is reformatted to parallel the changes on the JA 2. New FS characteristics are added to column 1 and the "ABAWD [Able Bodied Adults Without Dependents] EXEMPTIONS" are added to column 3. The "GAIN EXEMPTIONS" are renamed "WORK EXEMPTIONS" and relocated to column 4.
- Exemption categories are revised: column 2, item c is changed to "Mandatory participant in Welfare-to-Work activities;" and column 4, line 03 is changed to "Disability"; old lines 05, 06, 10, and 11 are deleted; old line 07 is renumbered to 05; old line 08 is renumbered to 06 and revised to "Care of Child 6 months or under"; old number 09 is renumbered to 07; and old item 12 is renumbered to 08 and revised to "Nonparent Relative Caretaker (Limited)."

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## New Item 2 and New Item 3 (on Page 2)

- The "CITIZENSHIP/IMMIGRATION" section is revised to "CITIZEN/ NON-CITIZEN." Checkbox items for the individual's status are revised to reflect current needs for the three Programs.
- The CUO section to the right of the page is updated and reformatted. The acronym "NON-AU" [Assistance Unit] replaces "SFU" [Standard Filing Unit]. The Verification section is updated. (See ACL 97-59 for information regarding AU and NoN-AU family members.)

## PAGE 2

### New Item 3

- The CUO section is revised to add "CA 2.1/CA 371" and "not in home, 18-21 & tax dependent]" for MCO.

## PAGE 3

### New Item 8

- The FS label for this item is deleted as these questions are not relevant for FS.
- New Item 8F and the CUO section documents family member(s) that enter the U.S. on "a border crossing card or visa."

### New Item 9

- The CUO section is revised to add checkbox items for Medi-Cal (MC): "Tax Dependent Letter Sent" and "CA 2.1."

#### New Item 10

- Added narrative for FS regarding ABAWD work requirements.

#### PAGE 4

#### New Item 13

- Item 13A: "NAME" is revised to "NAME OF PERSON YOU PAY."
- Item 13B: "NAME" is revised to "NAME OF PERSON WHO PAYS YOU."

#### New Items 14-15

- The checkbox formats are changed to bullets to parallel the DFA 285-A2.
- The "Meals on Wheels" item is deleted in item 15.

#### New Item 16

- A new question regarding regular school attendance for school age children is added for CA [cash aid].

#### New Item 17/Old Item 16

- The question in 17A is revised to add narrative to specify age requirements for MC.
- The CUO section in 17B is revised to add a check box for the MC 210 S-E.

#### New Items 18A and B/Old Item 17

- Narrative in new item 18A is changed to "under the age of 20..."
- New item 18B adds a new question to acquire information regarding any prior participation in Cal-Learn.
- The item is reformatted to delete the subset information for a second child.
- CUO section is updated.

#### New Item 19/Old Item 23

- The item regarding strikers is relocated from page 5. Old item 18 is relocated to Page 6, new item 27.

#### PAGE 5

#### New Item 20/Old Items 19 and 22

- Old items 19 and 22 are reformatted and combined into new item 20.

- The self-employment subset and CUO sections are revised to include checkboxes for cash aid and food stamps regarding the client's choice for figuring business expenses by either the standard 40% deduction or actual expenses.

#### New Item 21/Old Item 20

- The CUO section for item 21A is revised for the Child Care Program (CCP) to add "(CCP 2)" after "Trustline Informing;" and add "Health and Safety Certification (CCP 5)."
- "Dependent. Care Eligible" chart in the CUO section for 21A is revised to delete "CA," as eligibility for child care is not determined by the eligibility worker.
- The first sentence in 21B is reworded. The second sentence is revised to delete the specific CCPs eliminated under CalWORKs.

#### New Item 22/Old Item 22

- The "CA" label is deleted as this information is no longer needed for CA.

#### PAGE 6

#### Old Item 25

- The item regarding FS head of household is deleted.

#### New Item 25/Old Item 26

- The narrative in the first line is revised to obtain a "24 month" rather than "5 year" work history.
- A third bullet is added "Begin with each person's most recent job or training." This bullet replaces duplicative narrative in subsets A and B: "Begin with this person's ....."
- Subset items A and B are reformatted, including reducing the number of subset items for prior jobs/training from eight to six, to provide more white space.
- The CUO section to the right of the page is revised to allow space for new items 26 and 27 below. "Principle earner" is abbreviated to "PE" at the top of the column "PE/UIB Requirements." Items below the chart are reformatted to eliminate the repeating of the information for persons A and B.
- The CUO section at the bottom of the page is reformatted to delete the chart/ references to the determination of federal eligibility under the old AFDC program.

#### New Item 26

- A self-certification section for non-citizens is added for FS. This section acquires information on non-citizens who have established quarters of coverage by working in the U.S. [United States] or for a U.S. company.

New Item 27/Old Item 18

- The military service question is relocated after new item 26. Subset items are revised and reformatted to facilitate determination of eligibility for non-citizens for FS.
- A new checkbox is added to the CUO section for FS to Document a non-citizen's honorable discharge (from the U.S. military).

PAGE 7

New Item 28/Old Item 26A

- Column 1: "Social Security Benefits, SSI [Supplemental Security Income]" are combined with the first subset item, "Disability;" and "Loans, gifts, contributions" from column 2 is relocated to the prior "SSI" line.
- Column 2: The "Veterans Administration" and the "Military Allotment or pension" items are combined under a heading "Service Connected Benefits." New items include adding: "sick leave" to the "Other pension or disability" item; "Native American per capita payments;" and "gambling" to the "Winnings" line. The "Income from rental property" is deleted as this information is now acquired in new item 30.

New Item 29/Old Item 27

- The column for "Free and Exchange" is reformatted to eliminate the individual checkboxes.

New Item 30/Old Item 28

- Subset information for "USE" is reformatted to "HOW DO YOU USE THIS PROPERTY?" Checkboxes for specific types of use are listed.
- A column is added to obtain the amount of any "RENTAL INCOME."
- The item and CUO section is reformatted to obtain information on two pieces of property.
- The CUO section is revised to add YES/NO checkboxes for "Listed for Sale."

PAGE 8

New Item 31/Old Item 29

- Instructive narrative is revised and combined into one sentence.
- The second item in column 2 is revised to add "Native American or other."

- "Long term care insurance" (for MC) is inserted between "Life estate interest..." and "Other."
- Subset A is reduced from acquiring information on four items to two items because of spacing considerations.
- The subset sections for 31 A and B are reformatted to identify "Business Related" items.
- The CUO section regarding Burial Trust is revised to add "Amount owed \$\_\_\_\_\_."

#### New Items 33 A and B/Old Item 31

- Reformatted the property item to separate personal property information in item 33 A and business property in 33B. Information is obtained for four items each for personal and business property.
- Narrative in 33A is revised to clarify the information needed for the three programs.
- Subset information in 33A is revised to delete information on listed items obtained as a "GIFT."
- In the CUO section: the "Total Countable Property" totals are revised to combine CA with FS as provided by the new CalWORKs property regulations. Additionally, inserted are YES/NO checkboxes to document when the property(s) is "Listed for Sale."

#### PAGE 9

#### New Item 34A/Old Item 32A

- Narrative in the parenthesis is revised from "2 years" to "12 months" for CA and from "3 years (36 months)" to "2/12 years (30 months)" for Medi-Cal."
- In the CUO section, under "Closed Bank Accts" [accounts] a checkbox is added for "CA in the last 24 months" and the narrative for the third checkbox is streamlined to "Medi-Cal in last 36 months."

#### New Item 35/Old Item 33

- In the CUO section: the separate vehicle valuation section for AFDC is deleted and the FS vehicle valuation sections are labeled "CA/FS"; a column for a third vehicle evaluation for MC is inserted; and "YES/NO" checkboxes are added to identify when the "RV" [recreational vehicle] is used primarily as a home (for the MC Pickle Program).

#### PAGE 10

#### New Item 36

- A title "HOUSING COSTS" is added to the first column of the subset item in 36A.

- In 36B, narrative is added to the second sentence: "a relative or friend not living in the home." The first column is revised to read: "TYPE OF HOUSING COST." The second column is revised to read: "NAME OF PERSON WHO PAYS."

#### New Item 37

- The title "UTILITY COSTS" is added to the first column of the subset item.
- The third subset item in 37A is reformatted: The narrative "..or cook your food" is deleted in the first column; "YES/NO" checkboxes are added to the second column; and the remaining columns are shaded.
- In 38B, the first column is revised to read: "TYPE OF UTILITY COST." The second column is revised to read: "NAME OF PERSON WHO PAYS."

#### PAGE 11

#### New Item 39

- Narrative in the first line "make a payment for medical care services or" is deleted.

#### New Item 40, CUO section

- Added for FS are a checkbox for annotating when the DFA 285-C is provided to the applicant and narrative for the amount of gross premium paid by the applicant.
- Added for MC are checkboxes for "QMB [Qualified Medicare Beneficiary], SLMB [Specified Low Income Medicare Beneficiary], QDWI [Qualified Working and Disabled Individual]."

#### New Item 45B

- Add a new question for CA and MC: "Is there a child or disabled person in the household who needs care from another household member? If "YES" , explain."

#### New Item 45D

- Subset information is added to clarify "who gets [IHSS] service." And a new subset item is added "How much do you pay each month?"

#### PAGE 12

#### New Items 47A and B

- Added for CA and FS are questions regarding felons and parole/probation violators (47A) and convicted drug felons (47B).

## New Item 48/Old Item 45

- Narrative in the first line in 48A is revised to add: "Regular checkups and immunizations..." New bullet 2 adds the narrative " Do you want more information about immunization services?"
- The reference item number in 48C is changed from "45" to "48B and C."
- In the CUO only section a checkbox is added for "Social Services Referral (MCO).

PAGE 13

## CERTIFICATION SECTION

- In column 1 the narrative for cash aid penalties is updated to reflect the new Intentional Program Penalties for CalWORKs.
- In column 2 the first bullet is revised to add "school attendance." The next to the last bullet is revised to read "...cannot get cash aid or food stamps." A new last bullet is added regarding convicted drug felons.

## CUO SECTION

- The "REGULATIONS MET?" section: "Citizenship/Immigration Status" is revised to "Citizen/Eligible Non-Citizen." "FS ABAWDS" is added to the "Work Registration" line. The sections for CA and MC are shaded for "ABAWDs." Narrative regarding the referral for the HCO [Health Care Options] Presentation is updated.
- The table documenting CalWORKs case status: revises the "AFDC SFU Size" to "AU Size" and "NON-AU Size" and a checkbox is added in the third section line to annotate "Selects Diversion."



## COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help applying for or continuing to receive cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, SUCH AS HOMELESS ASSISTANCE OR IMMEDIATE NEED; FOOD STAMPS, INCLUDING EXPEDITED SERVICE; OR MEDI-CAL/STATE CMSP you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

TO GET CALWORKS IMMEDIATE NEED AND/OR CALWORKS HOMELESS ASSISTANCE, you must appear to be eligible for CalWORKs. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your Social Security Number(s), trying to get income available to you, and agreeing to cooperate with the district attorney about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

### CALWORKS IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you don't have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

### CALWORKS HOMELESS ASSISTANCE

If you are homeless, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

### CALWORKS DIVERSION PAYMENT/SERVICES

The Diversion program helps applicant(s) who need some assistance but do not want or need to go on welfare. The Diversion program allows you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get a Diversion payment or services at time of application for cash aid. You may be eligible for Medi-Cal, child care assistance, and food stamps.

After you have applied for cash aid, the county will tell you if you would be eligible for the Diversion program.

- If you choose to get a Diversion payment or services instead of cash aid, you will get a denial notice for cash aid and an approval notice for the Diversion program.
- Your cash aid may be lowered or the amount of time you can get cash aid may be reduced if you go on aid later.

**APPLICANTS FOR FOOD STAMPS:** All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

### FOOD STAMPS — Date of Eligibility

If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

### FOOD STAMP EXPEDITED SERVICE

You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE

- rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (**see the other side of the page for definitions of income and liquid resources**),  
OR
- no more than \$100 liquid resources and less than \$150 income for the month before deductions,  
OR
- no more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, **complete Items 1 - 17 on the attached application**; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

### MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for CalWORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, check "YES" in both parts of Item 12 and tell the county.

### MEDI-CAL/STATE CMSP - MEDICAL EMERGENCY/ PREGNANCY

If you have a medical emergency or are pregnant AND want Medi-Cal as soon as possible, complete Items 1-14. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

## WHAT WE MEAN WHEN WE SAY:

- **Cash Aid:** CalWORKs (California Welfare Opportunity and Responsibility To Kids) and Refugee Cash Assistance.
- **Diversion:** A lump sum cash payment or non-cash services instead of going on cash aid.
- **Food Stamps:** benefits for low income households to help buy food.
- **Food Stamp Expedited Service:** food stamps within 3 days.
- **Medi-Cal:** medically necessary benefits for eligible persons.
- **Medi-Cal Presumptive Eligibility (PE):** temporary Medi-Cal coverage from certain doctors or clinics for many out-patient prenatal care services.
- **Restricted Medi-Cal:** emergency and pregnancy related care only.
- **Authorized Representative:** a person picked by an applicant or recipient for food stamps and/or Medi-Cal, who can take care of some of their business.
- **Head of Household:** a responsible member of the food stamp household.
- **Income:** money received or expected, such as:
  - earnings, welfare, child support, Supplemental Security Income/State Supplementary Program (SSI/SSP) or Social Security, pension or retirement payments;
  - Unemployment Insurance Benefits (UIB), State Disability Insurance (SDI), Veterans Benefits (VA), or other disability payments;
  - strike funds; payments from roomers and boarders; school grants and loans;
  - cash gifts, cash winnings, any other cash payments.
- **Liquid Resources:** other money, such as:
  - cash on hand, uncashed checks; money in checking accounts, savings accounts; or saving certificates;
  - trust deeds, notes receivable, stocks or bonds, etc.
- **State CMSP:** Medically necessary benefits for eligible adults who are not on Medi-Cal and who live in some rural counties.
- **Restricted State CMSP:** Emergency care only.
- **Utilities:** gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.
- **You, Anyone, Everyone:** any and all persons who live in your home.

## OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid and food stamps at the same time and have one interview for both.
- You have the right to fill out this form yourself or, if you ask, have someone help you.
- **FRAUD AND PERJURY:** Fraud and perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, food stamps, and Medi-Cal. Perjury means that you swear under oath to give true, correct and complete facts. If you lie about facts or **on purpose** do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud.

- **If you are found guilty of committing fraud, you may be fined up to \$10,000 for cash aid and \$250,000 for food stamps and/or sent to jail/prison for 3 years for cash aid and 20 years for food stamps. Cash aid and/or food stamps can be stopped for six months, twelve months, two years, four years, five years or forever.**
- **OVERPAYMENTS/OVERISSUANCES** – means you got more aid or benefits than you should have gotten. You will have to pay it back and your cash aid or food stamps will be lowered or stopped. Your Medi-Cal/CMSP share of cost may be changed.
- **SOCIAL SECURITY NUMBER (SSN) RULES** - We computer match SSNs against records from tax, welfare, employment, the Social Security Administration and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also match SSNs to be sure that you aren't getting aid in more than one case, or in another county or state.

**Cash aid and food stamps:** You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you won't be able to get cash aid or food stamps. For cash aid, you must give us your SSN(s) or proof of application for the SSN within 30 days of application and give the SSN to the county when you get it.

**Medi-Cal:** Each applicant for Medi-Cal who has an SSN is asked to give it to the county. Any U.S. citizen, U.S. national, amnesty alien with a valid and current I-688, alien with lawful permanent residence in the U.S. (LPR), or alien permanently residing in the U.S. under color of law (PRUCOL) who refuses to give an SSN or proof of application for an SSN, will not be able to get Medi-Cal/State CMSP. Any alien who does not have an SSN and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

## COMPLAINTS

If you think you have been discriminated against, contact your county's civil right's representative or write to:

State Civil Rights Bureau  
P.O. Box 944243  
Sacramento, CA 94244-2430  
or by calling collect (916) 654-2107  
or for the hearing impaired TDD  
1-(800) 654-2098

For other kinds of complaints, contact your county first. If you and the county can't agree, write or call to:  
Public Inquiry and Response (PIAR)  
744 P Street, M.S. 16-23  
Sacramento, CA 95814  
Phone 1 - (800) 952 - 5253  
or for the hearing impaired  
TDD 1 - (800) 952-8349

## STATE HEARINGS

You can ask for a State Hearing by writing to your local county welfare office or by calling one of the phone numbers listed for PIAR above, if:

- you do not agree with any action taken by the county, or
- you are asking for a state hearing for cash aid, food stamps, Medi-Cal, or
- you think you are not getting the right State CMSP service.

To appeal all State CMSP eligibility issues, you can **only write** to your county. You must ask for the hearing within 90 days of the county's action and you must tell why you want a hearing.

# APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL /STATE CMSP (CW 1)

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

2. SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_

3. MAIDEN OR OTHER NAME (IF ANY) \_\_\_\_\_

4. HOME ADDRESS: NUMBER \_\_\_\_\_ STREET \_\_\_\_\_

5. MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

6. TELEPHONE NUMBER(S): HOME \_\_\_\_\_ WORK \_\_\_\_\_ MESSAGE \_\_\_\_\_

7. Is your home address permanent?  YES  NO  NO HOME  
If not permanent, please explain: \_\_\_\_\_

8. Is anyone applying for: Cash Aid  YES  NO Medi-Cal  YES  NO  
Food Stamps  YES  NO State CMSP  YES  NO  
Any Other Program(s)  YES  NO If YES, explain: \_\_\_\_\_

9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/Medicaid or diversion payment or services from the county? If YES, list: Name(s) used, where (county, state, country), when, type(s) of aid or benefit:  YES  NO

10. The law says we must record your ethnic group and language. This won't affect your eligibility.

a. Ethnic Group  White  Hispanic  Black  Filipino  Guamanian  
 Asian Indian  Alaskan Native  American Indian  
 Laotian  Cambodian  Japanese  Korean  Chinese  Samoan  
 Vietnamese  Hawaiian  Other Asian or Pacific Islander (Specify): \_\_\_\_\_

b. Language  English  Cantonese  Lao  Tagalog  American Sign  
 Spanish  Cambodian  Vietnamese  Russian  Other (Specify): \_\_\_\_\_

11. Is anyone a migrant or seasonal farmworker?  YES  NO

12. Is anyone pregnant?  YES  NO If YES, did she get a Presumptive Eligibility card?  YES  NO

13. Does anyone have a personal emergency? If YES, check (✓) type:  YES  NO  
 Immediate Medical Need  Pregnancy  Child Abuse  Spousal Abuse  
 Elder Abuse  Other emergency which threatens health or safety: Explain: \_\_\_\_\_

**IF YOU NEED: CALWORKS IMMEDIATE NEED PAYMENT .....FILL IN ITEMS 14 - 18.**  
**FOOD STAMP EXPEDITED SERVICE .....FILL IN ITEMS 14 - 17.**  
**MEDI-CAL OR ARE PREGNANT AND HAVE AN IMMEDIATE MEDICAL NEED .....FILL IN ITEM 14.**

14. How much liquid resources does everyone, including children, have?  
 Cash, uncashed checks or money orders \$ \_\_\_\_\_  
 Checking/savings or credit union account(s) \$ \_\_\_\_\_  
 Trust deeds, notes receivable, stocks or bonds \$ \_\_\_\_\_  
 Other (explain) \$ \_\_\_\_\_

15. How much income did everyone, including children, get or will they get this month?  
Date Amount Date Amount  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

16. How much is your rent or mortgage this month?  
\$ \_\_\_\_\_

17. How much are your utilities that are not included in your rent this month? \$ \_\_\_\_\_

18. • Do you have an eviction notice or notice to pay or quit?.....  YES  NO  
• Have your utilities been shut off or do you have a shut-off notice?.....  YES  NO  
• Will your food run out in 3 days or less?.....  YES  NO  
• Do you need essential clothing, such as diapers or clothing needed for cold weather?.....  YES  NO  
• Do you need help with transportation to get food, clothing, medical care or other emergency item(s)? .....  YES  NO

- I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified.
- I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that information I have given on this form is true, correct, and complete.

19. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

SIGNATURE OF WITNESS TO MARK OR INTERPRETER \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

**COUNTY USE ONLY**

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**TYPE OF APPLICATION:**  
CA:  CA  RCA  
FS:  Initial  Recert  Rest  
MC:  CMSP:

**Homeless:**  
FS:  YES  NO  
CA:  YES  NO  CA 42

Pickle Screening  
 Diversion

**Ethnic Group:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

Presumptive Eligibility input  
 Referral Date: \_\_\_\_\_

**CA IN**  
 Denied/NOA prep  
 Approved  
 Expedited Grant  
 Applicant requested CWD to complete (\_\_\_\_\_) (Initials)

**FS E.S.**  
 E.S. questions not completed  
 Screened for E.S. Date \_\_\_\_\_ (\_\_\_\_\_) (Initials)

**FS Referral for:**  
 E.S. Processing  
 Regular Processing

CWD records cleared  
 MEDS CDB cleared  
 IEVS initiated

Copy of CW 1 and coversheet given to applicant

COUNTY OF APPLICATION \_\_\_\_\_

COUNTY OF RESIDENCE (IF DIFF) \_\_\_\_\_





**STATEMENT OF FACTS FOR CASH AID, FOOD STAMPS AND MEDI-CAL/  
STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (CMSP)**

- 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, "FS" for Food Stamps and "MC" for Medi-Cal/State CMSP 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 adult member.

**COUNTY USE ONLY**

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

WORKER \_\_\_\_\_ DATE RCD \_\_\_\_\_

New  Restoration

Redetermine  Recertification

Residency Verified

FS ID

FS Aged/Disabled Verified

MC ID

MC Minor Consent: Exempt from ID, Residency, SSN, Verifs

**CA** **FS** **MC** **1** **A. Name of person applying, or caretaker relative of child(ren) for whom aid is wanted.**

HOME ADDRESS (NUMBER, STREET) \_\_\_\_\_ MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME PHONE ( ) \_\_\_\_\_

**FS** **B. Are you homeless?**  YES  NO If "YES": Are you temporarily staying in someone else's home?  YES  NO

If "YES": List date you began staying at this home: \_\_\_\_\_

**2** For each **ADULT living in the home**, give us all the facts. If you are a non-citizen applying for Medi-Cal and you are not (a) LPR (an alien who is a lawful permanent resident of the U.S.), (b) an amnesty alien with a valid and current I-688, or (c) PRUCOL (an alien permanently residing in the U.S. under color of law), do not fill in the shaded box for "Birthplace."

**CA** **FS** **MC** **(A)** APPLICANT/NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

CITIZEN/NON-CITIZEN STATUS (✓)  U.S. Citizen/National  Asylee  Refugee  PRUCOL  Amnesty Alien with I-688  LPR  Other Lawful Non-Citizen  Undocumented Sponsored?  YES  NO

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) \_\_\_\_\_ BIRTHDATE / / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX (✓)  M  F BLIND, DEAF OR DISABLED  YES  NO PREGNANT  YES  NO BIRTHPLACE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TYPE OF AID REQUESTED (✓)  Cash Aid  Food Stamps  None  Medi-Cal  State CMSP

MARITAL STATUS (✓)  Married  Never Married  Separated  Divorced  Common Law  Widowed

AU  NON-AU  MFBU

FS Non-HH/Excluded Member Code: \_\_\_\_\_

Work Registration/Exemption Codes: \_\_\_\_\_

WELFARE TO WORK FS ABAWDS \_\_\_\_\_

VERIFIED:  Blind/Deaf/Disabled  SSN  DED Packet  Citizen  Eligible Non-Citizen  SAVE

DATE OF ENTRY IN THE U.S. \_\_\_\_\_

**CA** **FS** **MC** **(B)** ADULT'S NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

CITIZEN/NON-CITIZEN STATUS (✓)  U.S. Citizen/National  Asylee  Refugee  PRUCOL  Amnesty Alien with I-688  LPR  Other Lawful Non-Citizen  Undocumented Sponsored?  YES  NO

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) \_\_\_\_\_ BIRTHDATE / / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX (✓)  M  F BLIND, DEAF OR DISABLED  YES  NO PREGNANT  YES  NO BIRTHPLACE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TYPE OF AID REQUESTED (✓)  Cash Aid  Food Stamps  None  Medi-Cal  State CMSP

MARITAL STATUS (✓)  Married  Never Married  Separated  Divorced  Common Law  Widowed

AU  NON-AU  MFBU

FS Non-HH/Excluded Member Code: \_\_\_\_\_

Work Registration/Exemption Codes: \_\_\_\_\_

WELFARE TO WORK FS ABAWDS \_\_\_\_\_

VERIFIED:  Blind/Deaf/Disabled  SSN  DED Packet  Citizen  Eligible Non-Citizen  SAVE

DATE OF ENTRY IN THE U.S. \_\_\_\_\_

**CA** **FS** **MC** **(C)** ADULT'S NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

CITIZEN/NON-CITIZEN STATUS (✓)  U.S. Citizen/National  Asylee  Refugee  PRUCOL  Amnesty Alien with I-688  LPR  Other Lawful Non-Citizen  Undocumented Sponsored?  YES  NO

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) \_\_\_\_\_ BIRTHDATE / / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX (✓)  M  F BLIND, DEAF OR DISABLED  YES  NO PREGNANT  YES  NO BIRTHPLACE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TYPE OF AID REQUESTED (✓)  Cash Aid  Food Stamps  None  Medi-Cal  State CMSP

MARITAL STATUS (✓)  Married  Never Married  Separated  Divorced  Common Law  Widowed

AU  NON-AU  MFBU

FS Non-HH/Excluded Member Code: \_\_\_\_\_

Work Registration/Exemption Codes: \_\_\_\_\_

WELFARE TO WORK FS ABAWDS \_\_\_\_\_

VERIFIED:  Blind/Deaf/Disabled  SSN  DED Packet  Citizen  Eligible Non-Citizen  SAVE

DATE OF ENTRY IN THE U.S. \_\_\_\_\_

COUNTY USE ONLY			
FS NON-HH/EXCLUDED MEMBER (63-402)	FS WORK/TRAINING EXEMPTIONS (63-407.21)	FS ABAWD EXEMPTIONS (63-410)	WORK 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 16/17 in school/training at least 1/2 time	b, d, e, f, or h	02 School Attendance
3. Roomer (must be listed in 13) (.211)	b. Mentally/physically unfit for work	2. Under 18/Over 50 (.321)	03 Disability
4. Live-in attendant (.212)	c. Mandatory participant in Welfare to Work activities	3. Pregnant (.322)	04 Age 60 or older
5. Other shared living quarters (.213)	d. Cares for child under 6 or incapacitated person	4. Caring for any dependent (.323)	05 Care of Another Individual in household
6. Ineligible alien (.221)	e. UIB registered	5. Lives in ABAWD exempt area (.33)	06 Care of Child
7. Boarder (must be listed in 13) (.3)	f. Participant in drug/alcohol program		07 Age 6 months or under
8. SSN disqualified (.222)	g. 30 hour week/min. x 30		08 Pregnancy
9. IPV disqualified (.223)	h. Meets student eligibility reqs.		Nonparent relative caretaker (limited)
10. Workfare sanctioned (.225)			
11. SSI/SSP recipient (.226)			
12. Ineligible student (.227)			
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)			
18. Drug felon (.229)			

3 For each CHILD living in the home, child out of the home for a short time, 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

<b>CA (A)</b> CHILD'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		CITIZEN/NON-CITIZEN STATUS (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> LPR <input type="checkbox"/> Other Lawful Non-Citizen <input type="checkbox"/> Undocumented <input type="checkbox"/> Amnesty Alien with I-688 Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> ABSENCE <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/>		AU (✓) NON-AU (✓) MFBU (✓)	FS Non-HH/Excluded Member Code <input type="checkbox"/> MC: not in home, 18-21 & tax dep.
SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE ____/____/____ BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CA 2.1/CA 371 Date of Entry in U.S.	
BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTHER'S NAME _____				Work Registration/Exemption Codes: Welfare-to-Work _____ FS _____	
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal		FATHER'S NAME _____				Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO							

<b>CA (B)</b> CHILD'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		CITIZEN/NON-CITIZEN STATUS (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> LPR <input type="checkbox"/> Other Lawful Non-Citizen <input type="checkbox"/> Undocumented <input type="checkbox"/> Amnesty Alien with I-688 Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> ABSENCE <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/>		AU (✓) NON-AU (✓) MFBU (✓)	FS Non-HH/Excluded Member Code <input type="checkbox"/> MC: not in home, 18-21 & tax dep.
SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE ____/____/____ BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CA 2.1/CA 371 Date of Entry in U.S.	
BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTHER'S NAME _____				Work Registration/Exemption Codes: Welfare-to-Work _____ FS _____	
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal		FATHER'S NAME _____				Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO							

<b>CA (C)</b> CHILD'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		CITIZEN/NON-CITIZEN STATUS (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> LPR <input type="checkbox"/> Other Lawful Non-Citizen <input type="checkbox"/> Undocumented <input type="checkbox"/> Amnesty Alien with I-688 Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> ABSENCE <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/>		AU (✓) NON-AU (✓) MFBU (✓)	FS Non-HH/Excluded Member Code <input type="checkbox"/> MC: not in home, 18-21 & tax dep.
SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE ____/____/____ BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CA 2.1/CA 371 Date of Entry in U.S.	
BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTHER'S NAME _____				Work Registration/Exemption Codes: Welfare-to-Work _____ FS _____	
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal		FATHER'S NAME _____				Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO							

<b>CA (D)</b> CHILD'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		CITIZEN/NON-CITIZEN STATUS (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> LPR <input type="checkbox"/> Other Lawful Non-Citizen <input type="checkbox"/> Undocumented <input type="checkbox"/> Amnesty Alien with I-688 Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> ABSENCE <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/>		AU (✓) NON-AU (✓) MFBU (✓)	FS Non-HH/Excluded Member Code <input type="checkbox"/> MC: not in home, 18-21 & tax dep.
SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE ____/____/____ BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CA 2.1/CA 371 Date of Entry in U.S.	
BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTHER'S NAME _____				Work Registration/Exemption Codes: Welfare-to-Work _____ FS _____	
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal		FATHER'S NAME _____				Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO							

<b>CA (E)</b> CHILD'S NAME (FIRST, MIDDLE, LAST) <b>FS</b> <b>MC</b>		CITIZEN/NON-CITIZEN STATUS (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> PRUCOL <input type="checkbox"/> LPR <input type="checkbox"/> Other Lawful Non-Citizen <input type="checkbox"/> Undocumented <input type="checkbox"/> Amnesty Alien with I-688 Sponsored? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW) DEATH <input type="checkbox"/> DISABILITY <input type="checkbox"/> ABSENCE <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/>		AU (✓) NON-AU (✓) MFBU (✓)	FS Non-HH/Excluded Member Code <input type="checkbox"/> MC: not in home, 18-21 & tax dep.
SOCIAL SECURITY NUMBER _____ SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		BIRTHDATE OR DUE DATE ____/____/____ BLIND, DEAF OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CA 2.1/CA 371 Date of Entry in U.S.	
BIRTHPLACE (CITY/STATE/COUNTRY) _____ PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTHER'S NAME _____				Work Registration/Exemption Codes: Welfare-to-Work _____ FS _____	
TYPE OF AID REQUESTED (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal		FATHER'S NAME _____				Verified: <input type="checkbox"/> Age <input type="checkbox"/> Deprivation <input type="checkbox"/> SSN <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> DED Packet <input type="checkbox"/> SAVE <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE _____ IS CHILD LIVING IN YOUR HOME NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO							

<b>CA (4)</b> Does the other parent(s) of the child(ren) or unborn live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain below:	
NAME OF PARENT _____	GIVE THE REASON THE PARENT DOES NOT LIVE IN THE HOME _____

CA FS MC	5	<b>Has anyone changed citizenship/immigration status in the last 12 months?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:		<b>COUNTY USE ONLY</b>	
NAME		WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)	
<input type="checkbox"/> Verif. on File <input type="checkbox"/> CA 64 <input type="checkbox"/> MC 13					
CA FS	6	<b>A. Is a foster child living in the home?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who:	<input type="checkbox"/> CA and FC Elig/CR Chooses: Child <input type="checkbox"/> CA <input type="checkbox"/> FC CR: <input type="checkbox"/> CA <input type="checkbox"/> None		
FS		<b>B. Do you want the foster child(ren) and foster care income counted on the Food Stamp Case?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
CA FS MC	7	<b>Has anyone ever used any other name (maiden, adoptive, etc.)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:			
NAME		OTHER NAME(S) USED			
NAME		OTHER NAME(S) USED			
CA MC	8	<b>A. Does everyone live in California?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain:	YES	NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<b>B. Does everyone plan to stay in California permanently?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain:			Calif. Resident:
		<b>C. Does anyone own, lease or maintain a home outside California?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:			<input type="checkbox"/> Property
		<b>D. Is anyone currently getting public assistance outside California?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:			<input type="checkbox"/> PA
		<b>E. Is anyone planning to leave California for more than 30 days?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:			<input type="checkbox"/> Border Crossing Card
		<b>F. Did any family member enter the U.S. on a border crossing card or visa?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:			<input type="checkbox"/> Visa
MC	9	<b>Are you or any family member claimed as a deduction for income tax purposes by a person who does not live with you?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who:			<input type="checkbox"/> Tax Dependent Letter Sent <input type="checkbox"/> CA 2.1
WHO CLAIMS FAMILY MEMBER		ADDRESS	RELATIONSHIP		
WHO CLAIMS FAMILY MEMBER		ADDRESS	RELATIONSHIP		
CA FS MC	10	<b>A. Has anyone's cash aid, food stamps or Medi-Cal been stopped due to: non-cooperation during a quality control review, work or training sanctions or failure to meet the Food Stamp Able Bodied Adults Without Dependent (ABAWD) work requirement, or for any other reason?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:			
NAME		WHY	WHEN	WHAT COUNTY/STATE	
CA FS		<b>B. Has anyone's cash aid or food stamps been stopped for a period of time, or forever due to welfare fraud or an Intentional Program Violation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:			
NAME		WHY	WHEN	WHAT COUNTY/STATE	
FS	11	<b>Does anyone living with you buy food and fix meals separately from others in the home?</b> <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	<b>Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain who:			Separate household eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO

**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	

**CA FS MC (13) 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

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

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

**CA FS MC (15) A. 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

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

**MC B. Does the person who is in a hospital or nursing home have a spouse or minor child at home?**  YES  NO

**CA (16) Is every child age 6 to 16 attending school regularly?**  YES  NO  
If "NO", give the name(s) and explain why he/she is not attending regularly.

FS Eligible Institution:  YES  NO  
CA Eligible:  YES  NO  
School Attendance Verified:  YES  NO

**CA FS MC (17) A. Is anyone age 16 or older enrolled in school, college, or a training program, or for Medi-Cal include child(ren) ages 14 and 15? If "YES", complete below:**  YES  NO

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

School Enrollment Verif.:  YES  NO  
Date Verified:  YES  NO  
FS Eligible Student  YES  NO  
School Enrollment Verif.:  YES  NO  
Date Verified:  YES  NO  
FS Eligible Student  YES  NO

**CA FS MC 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:  YES  NO  
Date Verified:  
Financial Aid:  YES  NO  
 MC 210 S-E

**CA (18) A. Is anyone under age 20 and pregnant or a parent?**  YES  NO  
If "YES", complete below:

NAME	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:  
 Cal-Learn  
 CA 25  
 CA 25A  
 Referred to Welfare-to-Work

**B. Has anyone received a cash bonus or penalty, or help with child care, transportation etc. from the Cal-Learn Program?**  YES  NO  
If "YES", complete below:

NAME	WHERE (COUNTY)	DATE(S) RECEIVED
------	----------------	------------------

**CA FS MC (19) Is anyone on strike?**  YES  NO  
If "YES", complete below:

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

Striker Regs Apply:  
 CA  FS  MC

<b>20</b> Has anyone, including children, worked or does any expect to go to work, including part-time and occasional work: Check (✓) "YES" or "NO" for each item	YES	NO	<b>COUNTY USE ONLY</b>			
	Has anyone stopped or refused work or training within the last 60 days?		A: (✓) if exempt		FS S/E Farmer	
	Is anyone working or in training now?		CA	MC	<input type="checkbox"/> FS Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone expect to be working or in training in the next two months?				<input type="checkbox"/> FS Child		

If self-employed: **For Medi-Cal:** list your business expenses on a separate sheet of paper.  
**For cash aid and food stamps:** Do you want your business expenses figured on check (✓)  
 40% standard deduction  your actual business expenses? If **actual**, you must list your business expenses on a separate sheet of paper. If "YES" to above questions, complete below:

A. NAME		NUMBER OF DAYS AND HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____		EMPLOYER NAME AND ADDRESS	
PAY DATE(S)	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGES BEFORE DEDUCTIONS \$ _____ per	LAST CHECK RECEIVED (DATE)	RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", COMPLETE BELOW	
LAST DAY OF WORK/TRAINING	OCCUPATION		AMOUNT RECEIVED \$ _____ AMOUNT EXPECTED \$ _____		
AMOUNT EXPECTED BEFORE DEDUCTIONS \$	CHECK EXPECTED (DATE)	REASON FOR LEAVING JOB/TRAINING			
B. NAME		NUMBER OF DAYS AND HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____		EMPLOYER NAME AND ADDRESS	
PAY DATE(S)	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAGES BEFORE DEDUCTIONS \$ _____ per	LAST CHECK RECEIVED (DATE)	RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", COMPLETE BELOW	
LAST DAY OF WORK/TRAINING	OCCUPATION		AMOUNT RECEIVED \$ _____ AMOUNT EXPECTED \$ _____		
AMOUNT EXPECTED BEFORE DEDUCTIONS \$	CHECK EXPECTED (DATE)	REASON FOR LEAVING JOB/TRAINING			

<input type="checkbox"/> Verif(s) on file for: <input type="checkbox"/> (A) <input type="checkbox"/> (B)	
FS Vol. Quit or Refusal PWR Determines as <input type="checkbox"/> (A) <input type="checkbox"/> (B) Work history last 120 days <input type="checkbox"/> (A) <input type="checkbox"/> (B)	
(A)	YES NO
Empl. Statement	
Good Cause Determ	
Voluntary Quit	
(A) <input type="checkbox"/> CA: 4 Weeks (B) <input type="checkbox"/> CA: 4 weeks	
<input type="checkbox"/> FS: 60 days <input type="checkbox"/> FS: 60 days	
<input type="checkbox"/> MC: 30 days <input type="checkbox"/> MC: 30 days	
(B)	YES NO
Empl. Statement	
Good Cause Determ	
Voluntary Quit	
FS/CA: S/E Client Chooses (A) (B)	
<input type="checkbox"/> Actual <input type="checkbox"/> Actual	
<input type="checkbox"/> 40% deduction <input type="checkbox"/> 40% deduction	
<input type="checkbox"/> Annualize <input type="checkbox"/> Annualize	

CA FS MC	<b>21</b> A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job? If "YES", complete below and (✓) if for work or training.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING	AMOUNT/WHEN \$ _____ EVERY
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING	AMOUNT/WHEN \$ _____ EVERY

Child Care Informing: <input type="checkbox"/> Trustline Informing (CCP 2) <input type="checkbox"/> Health & Safety Certification (CCP 5) <input type="checkbox"/> Dependent Care Verified	
DEP. CARE ELIGIBLE	YES NO
FS:	
MC:	

CA FS MC	<b>B.</b> Does anyone else pay all or part of your child care costs? Include costs paid by a relative or friend not living in the home, Department of Education, Block Grant, etc. If "YES", complete below:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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 \$ _____

Is there another person in household who could provide care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, who: _____	

FS MC	<b>22</b> Does anyone pay child or spousal support? If "YES", complete below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO PAYS	FOR WHOM	AMOUNT PER MONTH \$ _____

Court Order on File <input type="checkbox"/> YES <input type="checkbox"/> NO Amount Ordered: \$ _____	
---	--

CA FS MC	<b>23</b> Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months? If "YES", complete below:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

CA	<b>24</b> Has anyone received a diversion payment or services from the county? If "YES", complete below:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF PERSON	NAME OF COUNTY	AMOUNT RECEIVED	LIST SERVICES RECEIVED	ESTIMATED VALUE OF SERVICES	DATE RECEIVED

CA FS MC **(25) Has any parent living in the home worked or been in training in the past 24 months.**  YES  NO  
 If "YES", complete below:  
 ● Include all work done outside the U.S.  
 ● Include work done in exchange for something besides money, such as rent, food, utilities or anything else.  
 ● Begin with each person's most recent job or training.

COUNTY USE ONLY

PE/UIB Requirements  
 Earnings from month prior to month of application  
 App Date: \_\_\_\_\_

A. NAME \_\_\_\_\_ IS HE/SHE A NATIVE AMERICAN?  YES  NO  
 IF "YES", LIST TRIBE: \_\_\_\_\_

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid
1. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
2. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	5. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
3. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	6. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

Earnings from \_\_\_\_\_ to \_\_\_\_\_  
 MO/YR (25) A (25) B  
 \$ \$

B. NAME \_\_\_\_\_ IS HE/SHE A NATIVE AMERICAN?  YES  NO  
 IF "YES", LIST TRIBE: \_\_\_\_\_

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid
1. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
2. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	5. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
3. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	6. <input type="checkbox"/> Work <input type="checkbox"/> Training	From To	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

FS **(26) Are all member of the Food Stamp household citizens of the United States (U.S.)?**  YES  NO  
 If "NO", complete below for each Food Stamp household member who is a not a citizen of the U.S.

Name of Each Non-Citizen	A. How many years total has this person, their spouse, and/or their parents (before this person was 18 years old) lived in the U.S.?	B. While living in the U.S., in how many of the years reported in A did this person their spouse, and/or their parents (before this person was 18 years old) earn money by working in the U.S.?	C. While living outside the U.S., how many total years did this person, their spouse, and/or their parents (before this person was 18 years old) work in the U.S. or for a U.S. company?
1.			
2.			
3.			
4.			

TOTAL \$ \$  
 (25) A B

CA FS MC **(27) 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", complete below:

NAME	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	(✓) STATUS <input type="checkbox"/> ACTIVE DUTY MILITARY/VETERAN <input type="checkbox"/> SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	(✓) STATUS <input type="checkbox"/> ACTIVE DUTY MILITARY/VETERAN <input type="checkbox"/> SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO

Tribal JOBS Referral  
 UIB Verif(s) on file

Must apply for  
 Currently Receiving/Got/ or UIB eligible in last 12 months  
 Ineligible Reason

(26)  
 FS:  40 Quarters Verif.

COUNTY USE ONLY

PRINCIPAL EARNER (PE) \* \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_ QUARTER OF APPLICATION \_\_\_\_\_

(27)  
 CA 5

\*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

FS: Non-Citizen's Honorable Discharge Verif.  
 YES  NO

**CA 28 A. Does anyone, including children, get or expect to get money from any source listed below?**  
 FS Check (✓) YES or NO for each item.  
 MC

**COUNTY USE ONLY**

	YES	NO		YES	NO
Training Work Study, JTPA, GAIN, or other program			Strike benefits		
Other training allowance			Service Connected Benefits, Military allotment or pension Veterans Administration		
Educational grants, loans and scholarships			Aid & Attendance		
Welfare			Disability		
CalWORKs			Educational related		
Refugee Assistance			Railroad Retirement		
GA/GR (General Assistance/Relief)			Disability		
State Benefits			Retirement		
UIB (Unemployment Insurance)			Other federal, state, or local government agency		
DIB/SDI (State Disability)			Disability		
Workers Compensation			Retirement		
Support			Other pension, sick leave or disability		
Child/spousal			Native American per capita payments		
(Money for) Medical bills or premiums			Winnings (gambling/lottery/bingo, prizes, etc.)		
Social Security Benefits			Sale of notes, contracts, trust deeds, promissory notes		
Disability or SSI			Other (Explain)		
Retirement or survivors					
Loans, gifts, contributions					
Legal or insurance settlements/ court actions pending					

- Casualty Unit Notified
- CWC 6041
- DHS 6155
- Verif(s) on File
- Explain Anticip. Income
- Workers Comp:
  - Temporary
  - Permanent

If "YES", complete below:

(✓) if exempt

NAME	SOURCE	AMOUNT (BEFORE DEDUCTIONS)	WHEN	HOW OFTEN	CA	FS	MC
		\$					
		\$					

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

WHO	WHAT	AMOUNT	WHEN
		\$	

**CA 29 A. Does anyone get housing or rent, utilities, food or clothing free or in**  
 FS **exchange for work?**  YES  NO  
 MC If "YES", complete below and check (✓) if free or in exchange:

In-Kind Income:

Verif. on file:  YES  NO

ITEM RECEIVED	Free	Exchange	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM	Partial		Full	
						Earned	Unearned	Earned	Unearned
Housing or rent				\$					
Utilities				\$					
Food				\$					
Clothing				\$					

**CA 30 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  
 MC 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

Listed for sale  YES  NO

TYPE (LAND, CONDO, APARTMENT, HOUSE)	HOW DO YOU USE THIS PROPERTY? CHECK (✓)	YES	NO	OWNER(S)	ADDRESS OR LOCATION	AMOUNT OWED	RENTAL INCOME
LIVE IN IT						\$	\$
Listed for sale	RENTAL PROPERTY						
<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER (EXPLAIN):						
LIVE IN IT						\$	\$
Listed for sale	RENTAL PROPERTY						
<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER (EXPLAIN):						

Home Exempt  YES  NO

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

Lien Applicable

Listed for sale  YES  NO

**CA B. Does anyone own a house that is not lived in now that he/she hopes**  
 FS **to return to someday?**  YES  NO  
 MC 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)

CA/FS \$

MC \$

**CA** **FS** **MC** **(31) A.** Does anyone, including children, have any of the following personal or business related resources? Check (✓) each item either "YES" or "NO".  
 Include all resources owned, used, controlled, shared or held jointly with any person(s) (even for convenience only). The county will determine whether or not these resources count.

**COUNTY USE ONLY**

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

- Trust Fund/Not Court Ordered
- Court Petitioned Date \_\_\_\_\_
- Resource Verified: Explain how:  
Total Value = \_\_\_\_\_
- Burial Reserve or Trust (MCO) Amount Owed \$ \_\_\_\_\_
- Revocable
- Irrevocable
- Designated Fund and Current Value \$ \_\_\_\_\_
- CA Restricted Account

**IF "YES", COMPLETE BELOW:**

RESOURCE	BUSINESS RELATED	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$

Check (✓) if exempt

CA	FS	MC

**CA** **FS** **MC** **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	BUSINESS RELATED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**MC** **(32)** Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services?  YES  NO  
 If "YES", complete below:

LIEN OR SECURED AMOUNT	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
\$			
\$			

- Verified:  YES  NO
- Lien Applicable:  YES  NO
- Security Agreement:  YES  NO
- MC 174 completed and sent:  YES  NO

**CA** **FS** **MC** **(33) A.** Does anyone own any personal property, such as:  
 ● boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers.  
 ● guns; tools; or sporting equipment, etc.  
 ● pets or livestock.  
 ● jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).  YES  NO

If "YES", complete below: Do not include wedding and engagement rings or heirlooms.  
**For cash aid and food stamps:** list items worth more than \$100; **for Medi-Cal:** list jewelry worth more than \$100 and household goods or personal items worth more than \$500 per item.

ITEM (✓) IF LISTED FOR SALE	DATE BOUGHT	PURCHASE PRICE/ OR CURRENT VALUE	AMOUNT OWED	ITEM (✓) IF LISTED FOR SALE	DATE BOUGHT	PURCHASE PRICE/ OR CURRENT VALUE	AMOUNT OWED
<input type="checkbox"/>		\$	\$	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>		\$	\$	<input type="checkbox"/>		\$	\$

- Owned Jointly
- Owned Separately
- Personal Property \$500 + for Pickle Program
- Listed for sale (Specify):

**B.** Does anyone have any business property, including tools, inventory and materials, business equipment, etc. Include any property that is shared or held jointly with any other person(s). If "YES", complete below and (✓) if listed for sale:

ITEM	DATE BOUGHT	PURCHASE PRICE/ OR CURRENT VALUE	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE/ OR CURRENT VALUE	AMOUNT OWED
<input type="checkbox"/>		\$	\$	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>		\$	\$	<input type="checkbox"/>		\$	\$

- Total Countable property: Page 8 (List totals on page 9)
- CA/FS \$ \_\_\_\_\_
- MC \$ \_\_\_\_\_
- Listed for sale (Specify):

CA FS MC **34** A. 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? (List any property sold or traded within the last 12 months for cash aid and within the last 2 1/2 years (30 months) for Medi-Cal). If "YES", explain what and when:  YES  NO

**COUNTY USE ONLY**

Closed Bank Accts:  
 CA in last 12 months  
 Medi-Cal in last 30 months

MC B. Has anyone received money from insurance or court settlements, inheritance, lottery or back pay in the last 3 years (36 months)? If "YES", complete below:  YES  NO

NAME	SOURCE	DATE RECEIVED	AMOUNT
			\$

Adequate Consideration  
 Spenddown

LTC ONLY  
 Total Nonexempt Property \$

CA FS MC **35** Does anyone own, have the use of or have their name on the registration of any motor vehicle, e.g., mobile home, camper, snowmobile or boat, even if not running? If "YES", complete below. Look at your registration to get facts for each vehicle:  YES  NO

Compute Vehicle Valuation in Section Below:

Use Pickle Handbook  
 Verifications viewed  
 Leased vehicle:  
 (1)  (2)  (3)

	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?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
LEASED	<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						

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-CA/FS

CASH AID/FOOD STAMPS	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
(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 E	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to E	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to E
(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 \$	Minus \$	Minus \$	Minus \$
Excess Value				

(D) Equity Values-CA/FS			
FMV			
Minus Encumbrance			
Equity Value			

**MEDI-CAL**

	(1)	(2)	(3)
DMV/YR/Class Code	_____	_____	\$ _____
Vehicle Market Value	\$ _____	\$ _____	\$ _____
Less Encumbrances	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Exempt	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Pickle Program:			
Is RV used primarily as a home?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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

CA FS MC **36** A. Does anyone have any housing costs?  YES  NO  
 If "YES", complete below:

**COUNTY USE ONLY**

HOUSING COSTS	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)	\$	\$	\$	

Housing verified:  YES  NO

Total housing \$ \_\_\_\_\_

Shared housing:  YES  NO

CA FS MC **B. Does anyone else pay all or part of these housing costs? Include a relative or 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	NAME OF PERSON WHO PAYS	HOW MUCH	HOW OFTEN BILLED
		\$	
		\$	

FS **37** A. Does anyone have any utility costs?  YES  NO  
 If "YES", complete below:

UTILITY COSTS	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?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Water	\$	\$	\$	
Sewage	\$	\$	\$	
Garbage or trash	\$	\$	\$	
Telephone (Basic rate for one phone plus tax)	\$	\$	\$	
Installation of utilities	\$	\$	\$	
Other (explain)	\$	\$	\$	

Utilities verified:  YES  NO

Metered:  YES  NO

Client elects  
 Actual  
 If Actual, Total Utilities  
 \$ \_\_\_\_\_

SUA  
 SUA prorated:  
 YES  NO

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.**  YES  NO  
 If "YES", complete below:

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

FS **38** You can authorize someone else in your household or someone outside your household to pick up your food stamps or to use them to buy food for you. If you would like to authorize someone, complete below:

F.S. I.D. Issued

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		( )

CA MC (39) Did anyone get medical/pregnancy treatment this month or in the three months before this month?  YES  NO

If "YES", complete below:

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

**COUNTY USE ONLY**

Retroactive Application

- Retro Only
- Retro and Cont.
- MC 210A

CA FS MC (40) Does anyone have MEDICARE coverage?  YES  NO

If "YES", complete below:

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

MEDICARE referral

- FS:  DFA 285-C  
 Gross Premium \$ \_\_\_\_\_  
 QMB  
 SLMB  
 QDWI

CA MC (41) Does anyone have health, dental, vision, hospitalization or Long Term Care insurance or health plans such as Kaiser, Blue Cross, CHAMPUS, etc.?  YES  NO

If "YES", complete below:

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

State Certified LTC Policy:  YES  NO

DHS 6155

Benefits Paid Out \$ \_\_\_\_\_

CA MC (42) Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for?  YES  NO

If "YES", complete below:

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

DHS 6155

CA MC (43) Is anyone's health insurance expected to end or has it ended within the last 60 days?  YES  NO

If "YES", complete below:

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

DHS 6155

CA MC (44) Does anyone have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs?  YES  NO

If "YES", complete below:

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

Third Party Liability

CA FS (45) A. Does anyone have a medical condition(s) or situation(s) that requires any of the following? 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)					

Verified:  YES  NO  
 Special Need:  YES  NO  
 Amount: \$ \_\_\_\_\_

If "YES", explain:

CA MC FS B. Is there a child or disabled person in the household who needs care from another household member?  YES  NO

If "YES", explain:

CA MC C. Is anyone a disabled person who is working and who has medical expenses, (wheelchair, etc.), which are needed for the person to be able to work?  YES  NO

If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		\$
		\$

Receipts  
 MC 272  MC 273

IRWE (QMB and SGA)

FS:  DFA 285-C

CA FS D. Is anyone getting In-Home Supportive Services (IHSS)?  YES  NO

If "YES", who gets service? How much do you pay each month? \$ \_\_\_\_\_

CA (46) Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances, such as an earthquake, fire or flood?  
If "YES", explain below.

YES  NO

YES  NO

COUNTY USE ONLY	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Special Need Verified Eligible for Special Need	

CA FS (47) A. Is anyone hiding or running from the law for a felony, attempted felony, or a parole or probation violation? If "YES", give name of the person:

CA FS B. Has any member of the household been convicted of a drug related felony for possession, use, or distribution of illegal drugs since August 22, 1996 for Food Stamps or January 1, 1998, for cash aid?  
If "YES", complete below:

NAME OF PERSON CONVICTED	DATE OF CONVICTED	NAME OF PERSON CONVICTED	DATE OF CONVICTION

CA MC (48) The following services are available. Your answers to these questions will not affect your eligibility. Check (✓) each item YES or NO.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
CHDP Brochure and Explanation Given Date: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Referral	
<input type="checkbox"/>	<input type="checkbox"/>
Social Services Referral (MCO)	
<input type="checkbox"/>	<input type="checkbox"/>
Pregnant <input type="checkbox"/> Parent or Guardian of child under 5 <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding <input type="checkbox"/> Postpartum <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>
WIC referral	
<input type="checkbox"/>	<input type="checkbox"/>
Family Planning Information Given	
<input type="checkbox"/>	<input type="checkbox"/>
Referred Date: _____	

A. Regular check-ups and immunizations to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.

- Do you want more information about CHDP Services? .....
- Do you want more information about immunization services? .....
- Do you want CHDP medical services? .....
- Do you want CHDP dental services? .....
- Do you need help making appointments or with transportation to CHDP services? .....

B. If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help? .....

C. Are you breastfeeding a child? .....

If YES, have you given birth within the last 12 months? .....

If you checked "YES" to (48) B, C, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).

D. Do you or any family member want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.

## CERTIFICATION

I understand that the disqualification and/or welfare fraud penalties I will get if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, food stamps, and Medi-Cal.

**I understand that:**

- I must apply for and keep any available health coverage if no cost is involved; if I don't my Medi-Cal will be denied or stopped.
- If I do not follow cash aid rules, I may be fined up to \$10,000 and/or sent to jail/prison for 3 years.
- If I am found guilty by a court of law or an administrative hearing of committing certain types of fraud, my cash aid can be stopped for 2 years, 4 years, or forever.
- If I do not follow food stamp rules, my food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
  - I traded or sold food stamps for firearms, ammunition, or explosives, my food stamps can be stopped forever for the first violation.
  - I traded or sold food stamps for controlled substances, my food stamps can be stopped for 24 months for the first violation and forever for the second;
  - I traded or sold food stamps that were worth \$500 or more, my food stamps can be stopped forever;
  - I filed two or more applications for food stamps at the same time and gave the county false identity or residence information, my food stamps can be stopped for 10 years.

**I also understand that:**

- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance etc.
- All facts, including benefit and income facts, I gave may be reviewed and checked out by county, state, and federal personnel, and that if I gave wrong facts, my cash aid, food stamps, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews 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.
- The county will send facts to the Immigration and Naturalization Service (INS) to verify immigration status and the facts the county gets from INS may affect my eligibility for cash aid, food stamps, and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident alien (LPR), (b) an amnesty alien with a valid and current I-688, or (c) an alien permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the INS.
- I or other family members will be required to repay any cash aid I should not have received.
- The Food Stamp household, any adult member of a Food Stamp household (even if he/she moves 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.
- Any member of my household who is hiding or running from the law for a felony or attempted felony, or is in violation of their parole or probation cannot get cash aid/or food stamps.
- Anyone who has been convicted of a drug related felony for possession, use, or distribution of illegal drugs since August 22, 1996 cannot get food stamps or if convicted since January 1, 1998 cannot get cash aid.

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

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT FOOD STAMP HOUSEHOLD MEMBER OR FOOD STAMP AUTHORIZED REPRESENTATIVE)			DATE
SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE

### COUNTY USE ONLY

			REGULATIONS MET?						REGULATIONS MET?			FOOD STAMP TESTS			
			CA	FS	MC				CA	FS	MC	YES	NO	NA	
			YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	NO	NO	NO
Residency															
Deprivation															
Age															
Citizen/Eligible non-citizen															
School enrollment															
Pregnancy verified/WIC Referral															
SSN															
Income—Gross and net income															
			Property—Within limits and verified amount \$									Categorically Eligible			
			Work registration									Gross Income Test			
			FSET/ABAWDs									Household Size			
			Sponsored alien									Gross Monthly Income \$			
			Federal participation established (If "NO", explain)									Gross Income Eligible			
			Referred for Health Care Options (HCO) Presentation (Managed Care)									Separate HH Income Test			
												Household Size			
												Gross Monthly Income \$			
												Eligible for Separate HH Status			
												Aged/Disabled			
												DFA 285-C			
												If "NO", why:			

AU Size:	Non-AU Size:	AU/MFBU Size:	
<input type="checkbox"/> INELIGIBLE (REASON)			
<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> DIVERSION <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> MAP EXEMPTION		AUTHORIZATION DATE	
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"/> RECERTIFICATION	
AUTHORIZATION DATE	
EFFECTIVE DATE	
ELIGIBILITY WORKER'S SIGNATURE	
DATE	
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	
DATE	

## ATTACHMENT D - SAWS 2A

### OVERVIEW

- CalWORKs replaces the term/acronym for Aid to Families with Dependent Children/ AFDC throughout the form.
- A new item is added to the Monthly and Nonmonthly Reporting area, resulting in the renumbering of the subsequent items.
- Old page 7 regarding the "Lump Sum Income Rule" is deleted. Subsequent pages are renumbered.

### PAGE 2

- The second column title "FOOD STAMPS" is changed to include "CASH AID." The new penalty for drug felons is added.
- Narrative is added at the end of the "Child/Spousal Medical Support" section to state "Your cash aid will be lowered if you don't cooperate."

### PAGE 3

- The narrative in item 14 is revised to include business property.
- A parenthetical phrase is added at the end of item 19 to show that it is only applicable to Food Stamps and Medi-Cal.

### PAGE 4

- "Cash Aid" is included in the first section subtitle with "Food Stamps Monthly and Nonmonthly Reporting."
- Item 25 is added to this monthly reporting section regarding the drug penalties for food stamps and cash aid.
- "UNEMPLOYED PARENT" information is revised to show the new rules regarding the principal earner.
- Information is added regarding the requirement of "School Attendance and Immunization."
- The narrative for "Maximum Aid Payment (MAP)" is updated.
- Information is added regarding the new rules for "Treatment of Self-Employment."
- The date the Maximum Family Grant (MFG) rule applies is changed to August 31, 1997.



## RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

### For the Cash Aid and Food Stamp Programs, and/or Medi-Cal/State-Run County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or Medi-Cal/State CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/State CMSP includes Full Medi-Cal/State CMSP benefits and Restricted Medi-Cal/CMSP emergency and pregnancy related care only.

### YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the
 

State Civil Rights Bureau  
744 P Street, MS 15-70  
P.O. Box 944243  
Sacramento, CA 94244-2430

or by calling **collect** (916) 654-2107 or for the hearing impaired TDD (916)-654-2098.
2. To tell the county if you have a disability and need help applying for or continuing to receive cash aid, benefits, and services.
3. To ask for help to complete your application for any other cash aid, food stamp, or Medi-Cal/State CMSP form.
4. To ask for forms and notices to be translated if you don't read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/State CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for food stamps.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting food stamps right away. If we think you might be eligible to get them right away, you will get an interview immediately and get food stamps within three days.
10. To get Medi-Cal/State CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal/State CMSP eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal/State CMSP.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal/State CMSP.
15. To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC), Food Stamp authorization document or issuance card, or Food Stamp coupons replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible. Your BIC may also be replaced if lost or stolen.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or food stamps and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, food stamps, Medi-Cal, and, if you think you were not getting the right State CMSP services.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 20 above.
24. To appeal all State CMSP eligibility issues, you can **only write** to your county.
25. To be represented at a State hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

## YOUR RESPONSIBILITIES

### Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and food stamps is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility.

If you want Medi-Cal/State CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are an alien with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or an alien permanently residing under color of law (PRUCOL), your immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). The information the INS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/State CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

### Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, food stamp and Medi-Cal/State CMSP may result in repayment of benefits and/or criminal or civil action.

**Cash Aid and Food Stamps:** You must give us the SSN for each applicant or recipient of cash aid and/or food stamps. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it.

Each applicant for Medi-Cal/State CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any alien who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

### Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it.

### Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at any time to check out your facts, including seeing each family member, without calling ahead of time. You may not get benefits or your benefits may be stopped if you don't cooperate.

### FOOD STAMPS AND CASH AID

To tell the county when any member of your household:

- is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation as they will not be eligible for cash aid and/or food stamps.
- has been convicted of a drug related felony for possession, use or distribution of illegal drugs since August 22, 1996, as they may not be eligible for food stamps, or if convicted since January 1, 1998, they will not be eligible for cash aid.

### CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

### Child/Spousal and Medical Support

To cooperate with the county and the District Attorney/Family Support Division (DA/FSD) to:

- identify and locate any absent parent in your case;
- tell the county or the DA/FSD anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the DA/FSD any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you don't cooperate.

### MEDI-CAL

#### Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

#### Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/State CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

## YOUR REPORTING RESPONSIBILITIES

You must report all changes to the county. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. If you get food stamps, your worker will tell you if you are a monthly or nonmonthly reporting household. If you get Medi-Cal/State CMSP, the county will tell you if you must report monthly or quarterly.

### HOW YOU MUST REPORT

**For Cash Aid**, you must report all changes to the county within 5 days AND turn in a complete Monthly Eligibility Report by the 5th of each month.

**For Food Stamp Monthly Reporting**, you must turn in a complete Monthly Eligibility Report by the 5th of each month.

Note: If you get both cash aid and food stamps, you will need to turn in only one complete Monthly Eligibility Report by the 5th of each month.

**For Food Stamp Nonmonthly Reporting**, you must report all changes within 10 days:

- by mail, telephone, or in person at the County Food Stamp office; OR
- on a DFA 377.5, Food Stamp Household Change Report; OR
- if you get cash aid, you may report the change(s) on your Monthly Eligibility Report.

**For Medi-Cal/State CMSP Quarterly Reporting Beneficiaries**, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

### WHEN YOU MUST REPORT

**For Cash Aid, Food Stamp Monthly Reporting, and Medi-Cal/State CMSP, you must report when**

1. Anyone gets money (including lump sums) from work, relatives, Social Security, Unemployment Insurance Benefits (UIB), Veterans benefits, tax refunds, or any other source.
2. Anyone gets child, spousal, or medical support money.
3. Anyone's job or training program changes.
4. Anyone's income or source of income changes, starts, or stops, including self-employment.
5. Anyone age 16 or older starts or stops school, college, or training. For Food Stamps Only, any child up to age 17 or any adult who starts or stops school or training.
6. You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives, and non-relatives.

7. Anyone (including children) comes into the home, leaves the home, or plans to visit somewhere else even for a short period of time (cash aid only).
  8. Anyone moves to another address, plans to move (including out of state), or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for cash aid, food stamps, or Medi-Cal in the new county. You must also ask for State CMSP, if it is available in the new county.
  9. Any changes in rent or utility costs when there is a move or when anyone gets free rent/utilities.
  10. Anyone gets payments or allowances for job, training, or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
  11. Anyone has job, training, or school costs, such as dependent care, transportation, tuition, books, etc.
  12. Anyone has expenses that are paid for by someone else in total or in part, such as housing, utilities, dependent care, etc.
  13. Anyone gets married, separated, divorced, or died.
  14. Anyone gets, sells, gives away or transfers real property, such as a home, buildings or land; or business or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
  15. Anyone's physical or mental illness begins or ends.
  16. Anyone's citizenship or immigration status changes or anyone gets a letter, form or new card from the INS.
  17. Anyone getting cash aid or Medi-Cal/State CMSP becomes pregnant, gives birth, or ends a pregnancy.
  18. Anyone goes to or gets out of jail/prison.
  19. Any changes in the order for court ordered child support paid by a household member for a child not living in the home (food stamps and Medi-Cal only).
  20. Anyone's health care coverage/insurance changes or becomes available as a result of employment (cash aid and Medi-Cal/State CMSP) .
- For Medi-Cal/State CMSP, you must report when:**
21. Anyone enters or leaves a nursing home or long term care facility.
  22. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
  23. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

## YOUR REPORTING RESPONSIBILITIES (CONTINUED)

### For Cash Aid and Food Stamps Monthly and Nonmonthly Reporting, you must report when:

24. Any member of your household who is hiding or running from the law for a felony, or attempted felony, or is violating their parole or probation.
25. Any member of your household has been convicted of a drug related felony for possession, use or distribution of illegal drugs since August 22, 1996 for food stamps, or if convicted since January 1, 1998 for cash aid.

### For Food Stamp Monthly Reporting, you may report when:

26. A household member is age 60 or older.
27. Any member who is disabled or age 60 or older has changes in or new medical expenses of \$25 or more. Once verified, these previously unreported medical expenses will be used to refigure your allotment.

### For Food Stamp Nonmonthly Reporting, you must report when:

28. Your total monthly income starts, stops, or changes by more than \$25.
29. Anyone's source of income changes.
30. Anyone moves into or out of your home.
31. Anyone joins or leaves your household.
32. You move or you get a new address.
33. Your rent and utility costs **only** if you move.
34. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
35. The total of your household's stocks, bonds, or other money is or is more than \$2000 (or \$3000 if you have a household member who is age 60 or older).

### For Food Stamp Nonmonthly Reporting, you may report when:

36. Anyone's physical or mental illness begins or ends.
37. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the INS.
38. You have changes in your dependent care costs.

## IMPORTANT INFORMATION CASH-AID ONLY

### Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to receive

The PE is the parent who has the most earnings in the past 24 months.

### Homeless Assistance

You may be eligible for money to help pay for temporary shelter or permanent housing. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

### School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations.

### Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is caring for an aided child(ren) who is not their child and the parent/caretaker does not get aid
- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

### Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

### Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Ask your worker if you have any questions about the MFG rule.

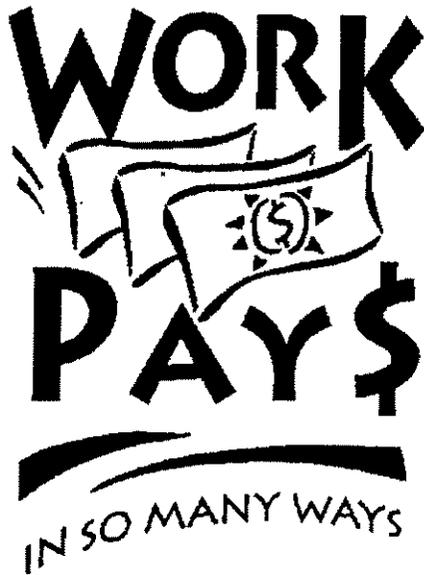
### Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped **AND**, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



**You can work and still get cash aid.**

**Working:**

- gives you more \$\$\$\$ to help support your family
- builds a better life for you and your family
- develops job skills
- builds self-esteem
- gives you personal satisfaction

**Here's how "Work Pays":**

When you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You are eligible for work-related deductions.

You may be eligible for child care costs to be paid to your provider.

**See page 6 for facts about work and training rules, work incentives, including child care programs.**

When you add the amount of your earnings to the amount of your cash aid, you will have more \$\$\$\$ for your family.

It always pays to work. You can work and still get cash aid as long as you remain eligible and meet reporting rules in a timely manner.

Ask your worker for more facts about "Work Pays."

**Remember, when you don't work, the most \$\$\$\$ you can get is the maximum aid payment for your family size.**

## Cash Aid and Food Stamps Work and Training Rules

After looking at your facts, your worker will tell you what cash aid and/or food stamp work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities through the Welfare to Work Program for cash aid, or the Food Stamp Employment and Training (FSET) Program for food stamps.

- some **cash aid** clients will be told how to register with the Employment Development Department (EDD).
- more than one member of a household can be required to follow cash and/or food stamp work rules.

If you are registered for work, the rules say you must:

- keep appointments made by your worker
- go to training or education programs when we tell you to
- do job search when we tell you to
- check on possible jobs when we tell you about them
- take a suitable job if it is offered to you.

And for food stamps you must also:

- answer questions about your job experience and ability to work.

### Penalties

If you must register for work you can be **disqualified** from getting **cash aid and/or food stamps** if:

- you don't follow the work and training rules and don't have a good reason; or
- you quit a job; or
- for **cash aid** you reduce your earnings; or
- for **food stamps** you reduce your work hours to less than 30 hours per week.

Your **food stamps** can be stopped or denied for:

- One month or until you do what you should do, whichever is longer, for the first violation;
- Three months or until you do what you should do, whichever is longer, for the second violation;
- Six months or until you do what you should do, whichever is longer, for the third or additional violation.

Your **cash aid** can be stopped:

- Until you do what you should do for the first violation;
- For three months or until you do what you should do, whichever is longer, for the second violation;
- For six months or until you do what you should do, whichever is longer, for the third or additional violation.

If anyone is disqualified for not following work or training rules, other members of their household can still get cash aid or food stamps, as long as they remain eligible. But the amount of cash aid or food stamps they get may change.

### Income Disregards

When you have income and are on cash aid, there are two income disregards (deductions) that may be subtracted from certain types of family income. When you or any of your family members receive certain types of disability-based unearned income or you are working and getting cash aid, you are eligible for an income disregard of \$225. The \$225 is first deducted from certain disability-based unearned income. Any remainder of the \$225 is then deducted from earned income. If there is a remainder of earned income, 50 percent of that remaining earned income will be disregarded.

### CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

### California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

### Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

## OTHER IMPORTANT INFORMATION

### CASH AID AND FOOD STAMP MONTHLY REPORTING HOUSEHOLDS

#### Budgeting Rules

The amount of cash aid or food stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of cash aid and/or food stamps you can get two months later. For example, your income and allowable expenses from January that you report in February are used to figure the cash aid and/or food stamp benefits you would get in March. This method is called retrospective budgeting.

#### Property Limit

There is a \$2000.00 limit on the amount of property (e.g., bank accounts, stocks, etc.) that your household can have and still get cash aid or food stamps. If someone in your household is at least 60 years old, the limit goes up to \$3000.00. Your house and furniture are not part of the total limit as long as you live in your home. The individual vehicle value limit is \$4650. If you have only one vehicle which is registered, and it has a value of less than \$4650, it will not be counted as part of the limit. If your vehicle is worth more than \$4650, anything over the limit will be used as part of the total property limit to determine eligibility, unless the vehicle is needed by the household for certain reasons. Your worker can tell you what these are. If you have a vehicle that is unregistered, its value will be figured differently and your worker can explain to you how it is done.

### CASH AID ONLY

#### Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

#### Cal-Learn

Cal-Learn helps pregnant and/or parenting teens under the age of 20, who are getting cash aid and do not have a high school diploma or its equivalent to stay in or return to school. Teens in the Cal-Learn Program may get cash bonuses for good grades and graduation from high school. Cal-Learn teens may get help with child care, transportation, and other services. Cash penalties may be subtracted from their family's cash aid payment for not going to school or for getting poor grades.

### FOOD STAMP ONLY

#### Standard Utility Allowance (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the Standard Utility Allowance (SUA). The SUA is one deduction for **all** of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the county to check your facts to see if you are eligible for the SUA.

### MEDI-CAL/STATE CMSP ONLY

#### Spending Down Excess Property

- If you get or apply for Medi-Cal/State CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for State CMSP if you sell or give away any property for less than it is worth.

#### Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the State may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

### AVAILABLE SERVICES

#### Women, Infants and Children (WIC) Supplemental Nutrition Program

The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

#### Voter Registration

If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your

## PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

### Disqualification Penalties

#### Cash Aid and Food Stamps

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

#### Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years. And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

### FOOD STAMP ONLY

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps, Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's food stamps, ADs, or issuance cards for your household.

### Food Stamps Penalties

If you do not follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

If you are found guilty in any court of law because:

- you traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation;
- you traded or sold food stamps for controlled substance, your food stamps can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever;
- you filed two or more applications for food stamps at the same time and gave the county false identity or residence information, your food stamps can be stopped for 10 years.

## APPLICANT/RECIPIENT CERTIFICATION

- I understand my rights and responsibilities and agree to comply with my responsibilities.
  - I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/State CMSP share of cost.
  - I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A).
  - I also certify that, if I applied for or get cash aid, I got a copy of the following:
    - GAIN Program Notice and Exemption (GAIN 53)
    - Welfare to Work Informing Notice (WTW 5)
- \_\_\_\_\_  
(APPLICANT/RECIPIENT'S INITIALS)
- I also certify that if I applied for Medi-Cal/State CMSP, I got a copy of the MC 219 and its contents were explained to me.

## ELIGIBILITY WORKER'S CERTIFICATION

- I certify that the applicant/recipient appears to understand:**
- his/her rights and responsibilities and
  - the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/State CMSP
- I also certify that the applicant/recipient was given a copy of:**
- The Rights, Responsibilities, and Other Important Information (SAWS 2A)
  - For cash aid:
    - GAIN Program Notice and Exemption (GAIN 53)
    - Welfare to Work Informing Notice (WTW 5)
  - For Medi-Cal/State CMSP: the MC 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/State CMSP Applicant/Beneficiary)		Date
Signature (Other Parent Living in the Home)	Witness, if You Signed With An "X"	Date
Eligibility Worker's Signature	Eligibility Worker's Number	Date

## PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or food stamps.

### Disqualification Penalties

#### Cash Aid and Food Stamps

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or food stamp overissuance.

#### Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years. And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

### FOOD STAMP ONLY

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps, Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.
- Don't use someone else's food stamps, ADs, or issuance cards for your household.

### Food Stamps Penalties

If you do not follow food stamp rules, your food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And you may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

If you are found guilty in any court of law because:

- you traded or sold food stamps for firearms, ammunition, or explosives, your food stamps can be stopped forever for the first violation;
- you traded or sold food stamps for controlled substance, your food stamps can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold food stamps that were worth \$500 or more, your food stamps can be stopped forever;
- you filed two or more applications for food stamps at the same time and gave the county false identity or residence information, your food stamps can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION	ELIGIBILITY WORKER'S CERTIFICATION
<ul style="list-style-type: none"> <li>• I understand my rights and responsibilities and agree to comply with my responsibilities.</li> <li>• I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/State CMSP share of cost.</li> <li>• I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A).</li> <li>• I also certify that, if I applied for or get cash aid, I got a copy of the following:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> GAIN Program Notice and Exemption (GAIN 53)</li> <li><input type="checkbox"/> Welfare to Work Informing Notice (WTW 5)</li> </ul> </li> </ul> <p style="text-align: center; margin-left: 40px;">_____ (APPLICANT/RECIPIENT'S INITIALS)</p> <ul style="list-style-type: none"> <li>• I also certify that if I applied for Medi-Cal/State CMSP, I got a copy of the MC 219 and its contents were explained to me.</li> </ul>	<p><b>I certify that the applicant/recipient appears to understand:</b></p> <ul style="list-style-type: none"> <li>• his/her rights and responsibilities and</li> <li>• the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or share of cost for Medi-Cal/State CMSP</li> </ul> <p><b>I also certify that the applicant/recipient was given a copy of:</b></p> <ul style="list-style-type: none"> <li>• The Rights, Responsibilities, and Other Important Information (SAWS 2A)</li> <li>• For cash aid:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> GAIN Program Notice and Exemption (GAIN 53)</li> <li><input type="checkbox"/> Welfare to Work Informing Notice (WTW 5)</li> </ul> </li> <li>• For Medi-Cal/State CMSP: the MC 219 and that its contents were explained to him/her.</li> </ul>
Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/State CMSP Applicant/Beneficiary)	Date
Signature (Other Parent Living in the Home)	Witness, if You Signed With An "X" <span style="float: right;">Date</span>
Eligibility Worker's Signature	Eligibility Worker's Number <span style="float: right;">Date</span>

ATTACHMENT E - CW 40

OUTLINE OF CHANGES

The name of the form is changed from "AFDC - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST" to "CALWORKS - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST."

In the recipient section, item 4, "EXPENSES" is changed to "SOURCE" and the items below are left blank for the recipient to fill out.

The changes in the "COUNTY USE ONLY" section are as follows:

- Item A, "ACTUAL GRANT AMOUNT" is provided at the top of this section to enter the grant amount originally calculated for the RISP month.
- The "Note" regarding disregards allowed due to late CA 7/SAWS 7 or job quit without good cause is deleted.
- Item B, "RISP MONTH ESTIMATED NET INCOME" is calculated by entering the following:
  - Item 1: the total disability-based income of AU and non-AU family members received in the budget month.
  - Item 2: the \$225 income disregard.
  - Item 3: the subtotal of nonexempt disability-based unearned income. If this figure is a positive amount it is entered on line B9. If this figure is a negative amount it is entered on line B5.
  - Item 4: the gross earned income for AU and non-AU.
  - Item 5: the remainder of the \$225 income disregard if line B3 is a negative amount.
  - Item 6: the subtotal earned income or B4 minus B5.
  - Item 7: the 50% earned income disregard and is calculated by dividing line B6 by 2.
  - Item 8: the subtotal net nonexempt earned income or B6 minus B7.
  - Item 9: the nonexempt unearned disability-based income or amount from line B3 if it is a positive amount.
  - Item 10: other countable income of the family for the RISP month.
  - Item 11: net nonexempt income of the family or the sum of B8, B9 and B10.

# CALWORKS - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST

**YOU MAY GET EXTRA MONEY IF THE COUNTY IS COUNTING INCOME AGAINST YOUR CASH AID AND THAT INCOME HAS DROPPED OR STOPPED.**

- You must use this form to ask for the extra money.
- You can only get extra money if your income dropped or stopped and **not** for other reasons such as **birth of a child, clothing needs for children returning to school, or you need to move.**
- You must apply in the month that you need the extra money, not before or after.
- You must complete and return a separate form during each month that the county is counting income that has dropped or stopped against your Cash Aid.
- If you get extra money, your food stamp benefits may be affected.

The county must determine your eligibility for extra money within 7 working days after the date this completed form is received. If you don't need the form this month, keep it for later.

Questions? Ask your worker.

Worker Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**1. Complete the following:**

CASE NAME	YOUR SOCIAL SECURITY NUMBER
-----------	-----------------------------

**2. Explain about the income that dropped or stopped. Complete below:**

What Income Changed?	When?	Why Did It Change?

**3. Attach proof of the change in income (Job Termination Notice, SSA/DIB/UIB Notices, Statements, etc.) If you have no proof, list the employer or agency that can be contacted:**

EMPLOYER/AGENCY	PHONE
ADDRESS	

**4. Apply only in the month that income dropped or stopped, not the month before or after. This money is for the month of \_\_\_\_\_. List expected income and expenses for that month: (Do not list your grant amount)**

• INCOME	• SOURCE
Gross Earnings \$	
Other Income \$	

**CERTIFICATION**

- I understand that the statements I have made on this form are subject to investigation and verification including contacting the above named person, employer or agency.
- I further declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct to the best of my knowledge.
- I authorize the county to obtain any verification of income and circumstances necessary to process this request. This authorization is valid for 30 days from the date signed.

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
PHONE	MESSAGE PHONE

On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.

**COUNTY USE ONLY**

DATE POSTMARKED	SUPPLEMENTAL MONTH
CASE NUMBER/WORKER NAME/NUMBER	
<b>A. ACTUAL GRANT AMOUNT (RISP Month) \$</b>	
<b>B. RISP MONTH ESTIMATED NET INCOME</b>	
1. Total Disability-Based Unearned Income of AU + Non-AU Members	\$ _____
2. \$225 Disregard	- _____
3. Subtotal Nonexempt Disability Based Income (A1 minus A2) (If positive enter amount in B9) (If negative enter amount in B5)	= _____
4. Gross Earned Income (AU + Non-AU)	\$ _____
5. Remainder of \$225 Income Disregard (Enter amount from line B3 if negative)	- _____
6. Subtotal Earned Income (B4 minus B5)	= _____
7. 50% Earned Income Disregard (B6 divided by 2)	- _____
8. Subtotal (B6 minus B7) (Net Nonexempt Earned Income)	= _____
9. Nonexempt Unearned Disability Based Income (Enter amount from line B3 if positive)	+ _____
10. Other Countable Income of Family	+ _____
	+ _____
11. Net Nonexempt Income of Family (Sum total of B8, B9 and B10)	\$ _____

**C. RISP MONTH AVAILABLE INCOME**

1. Actual Grant Amount (Enter from A)	\$ _____
2. O/P adjustment (if used in actual grant computation)	+ _____
3. Special Need (if used in actual grant computation)	- _____
4. Child/Spousal Support Disregard	+ _____
5. Net Nonexempt Income (Enter from B11)	+ _____
6. Sanctions (Such as 25% Non-Co-op)	+ _____
	+ _____
7. Total Available Income	\$ _____

**D. RISP PAYMENT**

1. 80% of MAP	\$ _____
2. Total Available Income (Enter from C7)	- _____
3. RISP Payment	\$ _____

APPROVED  DENIED

EW SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SOLICITUD PARA PAGO SUPLEMENTAL DE AFDC\* DEBIDO A LA DISMINUCION DE INGRESOS**  
**ES POSIBLE QUE PUEDA RECIBIR DINERO ADICIONAL SI EL CONDADO ACTUALMENTE CONSIDERA SUS INGRESOS PARA DETERMINAR SU ASISTENCIA MONETARIA Y ESOS INGRESOS HAN DISMINUIDO O SE HAN DESCONTINUADO.**

- Tiene que usar este formulario para solicitar dinero adicional.
- Solamente puede recibir dinero adicional si sus ingresos han disminuido o se han descontinuado y **no** por otras razones, tales como: **el nacimiento de un bebé**, la necesidad de **ropa** para niños cuando regresan a la escuela, o porque necesita  **cambiarse de casa**.
- Tiene que presentar la solicitud en el mes en que necesita el dinero adicional; no antes ni después.
- Tiene que completar y devolver un formulario individual cada mes en que el condado considere los ingresos que han disminuido o se han descontinuado para determinar su asistencia monetaria.
- Si recibe dinero adicional, es posible que sus beneficios de estampillas para comida resulten afectados.

El condado debe determinar su elegibilidad para recibir dinero adicional antes de que pasen 7 días laborables después de la fecha en que el condado reciba este formulario ya completo. Si no necesita el formulario este mes, guárdelo para después.

¿Tiene preguntas? Hágaselas a su trabajador.

Nombre del trabajador: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**1. Complete lo siguiente:**

NOMBRE DEL CASO	SU NUMERO DEL SEGURO SOCIAL
-----------------	-----------------------------

**2. Explique acerca de los ingresos que disminuyeron o se descontinuaron. Complete abajo:**

¿Qué ingresos cambiaron?	¿Cuándo?	¿Por qué cambiaron?

**3. Adjunte pruebas del cambio en los ingresos [notificación de terminación de empleo, notificaciones de la Administración del Seguro Social (SSA)/Beneficios del Seguro contra Incapacidades (DIB)/Beneficios del Seguro contra Desempleo (UIB), declaraciones, etc.]. Si no tiene pruebas, escriba el nombre del patrón o de la oficina con la que nos podemos comunicar:**

PATRON/OFCINA	TELEFONO
DIRECCION	

**4. Presente la solicitud solamente en el mes cuando los ingresos disminuyeron o se descontinuaron; no en el mes antes ni en el mes después. Este dinero es para el mes de \_\_\_\_\_ Indique cuánto espera que sean sus ingresos y sus gastos para ese mes: (No incluya la cantidad de su pago mensual.)**

• INGRESOS		• GASTOS	
Ingresos brutos ganados \$		Gastos de cuidado de personas a su cargo \$	
Otros ingresos \$		Gastos de mantenimiento de hijos/pensión alimenticia \$	

Indique de dónde vienen los ingresos:

**CERTIFICACION**

- Comprendo que las declaraciones que he hecho en este formulario están sujetas a investigación y verificación, incluyendo el comunicarse con la persona, la oficina o el patrón nombrados arriba.
- Adicionalmente declaro, bajo pena de perjurio y bajo las leyes de los Estados Unidos de América y del Estado de California, que las declaraciones que he hecho en este formulario son verdaderas y correctas según mi entender.
- A fin de que se procese esta solicitud, autorizo al condado para que obtenga la verificación que sea necesaria en relación a mis ingresos y las circunstancias en que me encuentro. Esta autorización es válida por 30 días desde la fecha en que la firme.

FIRMA	FECHA EN QUE SE FIRMO
-------	-----------------------

FIRMA DEL ESPOSO(A) O DE OTRO ADULTO QUE RECIBA EL PAGO	FECHA EN QUE SE FIRMO
---	-----------------------

TELEFONO	TELEFONO PARA MENSAJES
----------	------------------------

El proporcionar su numero del Seguro Social (SSN) en este formulario es voluntario. El SSN se usará para identificarlo a usted y sus expedientes. Si no podemos identificarlo, es posible que no pueda recibir dinero adicional.

\*AFDC: Asistencia para Familias con Niños Necesitados.

**SOLO PARA USO DEL CONDADO**

DATE POSTMARKED \_\_\_\_\_ SUPPLEMENTAL MONTH \_\_\_\_\_

CASE NUMBER/WORKER NAME/NUMBER \_\_\_\_\_

**ACTUAL GRANT AMOUNT (RISP Month) \$ \_\_\_\_\_**

Note: If disregards were not allowed due to late CA 7/SAWS 7 or job quit without good cause in the computation of grant issued for RISP month, refigure grant allowing them in Sections A and B. Otherwise, skip to C1 using actual grant amount in D1.

**A. RISP MONTH NET EARNINGS RECOMPUTATION**

1. Gross Earnings	\$ _____
2. W/E Disregard	- _____
3. Disregard \$30	- _____
4. Subtotal	= _____
5. Disregard 1/3 of A4	- _____
6. Subtotal	= _____
7. Dep. Care Disregard	- _____
8. Court Ordered Child/ Spousal Support Paid	- _____
9. Unmet needs of ineligible alien child(ren)	- _____
10. Net Earnings	\$ _____

**B. RISP MONTH GRANT AMOUNT RECOMPUTATION**

1. MBSAC (exclude special needs)	\$ _____
2. Net Earnings from Budget Month (A10)	- _____
3. Other Countable Income from Budget Month	- _____
4. Potential Grant	= _____
5. MAP (exclude special needs)	\$ _____
6. Grant Amount (lesser of B4 or B5) (With no overpayment adjustment)	\$ _____

**C. RISP MONTH ESTIMATED EARNINGS**

1. Gross Earnings	\$ _____
2. W/E Disregard	- _____
3. Dep. Care Disregard	- _____
4. Net Available Earned Income	\$ _____

**D. RISP MONTH AVAILABLE INCOME**

1. Grant Amount (Use B6 or actual grant)	\$ _____
2. O/P adjustment (if used in actual grant computation)	+ _____
3. Special Need (if used in actual grant computation)	- _____
4. Net Available Earned Income (Item C4)	+ _____
5. Other Estimated Countable Income	+ _____
6. Child/Spousal Support Disregard	+ _____
7. Court Ordered Support Paid	- _____
8. Total Available Income	\$ _____

**E. RISP PAYMENT**

1. 80% of MAP	\$ _____
2. Total Available Income (Item D8)	- _____
3. RISP Payment	\$ _____

APPROVED  DENIED

EW SIGNATURE

DATE

## ATTACHMENT F - CW 30 (Corrected Version)

### OVERVIEW

- Attached is a corrected revision of the CW 30 (1/98), which replaces the version transmitted in ACL 97-59. On page 2:
  - Line 1b is changed to "Special Needs (AU & NON-AU) ( Other than HA) [Homeless Assistance]." This change is to parallel the instructions in ACL 97-59.
  - Line 2b is changed to "(Other than HA)."
  - Line 3b is changed to add "(If MP [Minor Parent] is in AU)."
- Reformatting and renumbering on both Page 1 and 2 required numerous changes throughout the form.

We apologize for any inconvenience this may have caused.

### PAGE 1

- Enter "FAMILY MEMBERS" rather than members of the "ASSISTANCE UNIT (AU)" at the top of page 1. Next to each person's name is a column to check if that person is an AU or NON-AU member, an adult or child, and if the MFG rules apply. A column is also added to indicate if the person is sanctioned.
- Item A is changed from the previous MBSAC comparison to item 1. Enter the Maximum Aid Payment (MAP) for the correct number of AU and non-AU family members.
  - a. Minus net nonexempt income as computed in 12m on side 2
  - b. Plus the special needs for AU and Non-AU members, other than homeless assistance
  - c. Equals the potential grant
- Item B is changed to item 2. Enter the MAP for the correct number of AU and non-AU family members.
  - a. Plus special needs of AU, other than homeless assistance
  - b. Enter the subtotal
  - c. Equals the aid payment and is the lesser of 1c or 2b
- Item 3 is added to be used only if there is a Minor Parent in the AU.
  - a. Plus special needs for child(ren)
  - b. Enter the subtotal
  - c. Equals the minor parent's aid payment which is the lesser of 2c or 3b

- d. Enter gross earned income for AU and non-AU.
  - e. Enter any net earnings from self-employment as calculated in item 13.
  - f. Enter the subtotal of gross earned income and net self-employment earnings.
  - g. Enter the remainder of \$225 income disregard if 12c is a negative amount.
  - h. Enter the subtotal earned income.
  - i. Calculate the 50% earned income disregard by dividing line 12h by 2.
  - j. Enter the subtotal or net nonexempt earned income.
  - k. Add nonexempt unearned disability-based income if 12c is a positive amount.
  - l. Add any other nonexempt income of the family.
  - m. Enter the net nonexempt income of the family. This amount is also entered on side 1 in 1a. The family fails the net income test if this amount is the same as or greater than the MAP.
- Item C is changed to item 13. Items 13a through 13c are used to calculate earnings from self-employment.

# CAL WORKS BUDGET WORKSHEET

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ WORKER NUMBER: \_\_\_\_\_

Payment Month <input type="checkbox"/> Exempt from MAP Cuts FAMILY MEMBERS	Check (✓)				Payment Month <input type="checkbox"/> Exempt from MAP Cuts FAMILY MEMBERS	Check (✓)				Payment Month <input type="checkbox"/> Exempt from MAP Cuts FAMILY MEMBERS	Check (✓)			
	AU	NON-AU	MFG	SANCTIONED		AU	NON-AU	MFG	SANCTIONED		AU	NON-AU	MFG	SANCTIONED
TOTAL					TOTAL					TOTAL				
1. Maximum Aid Payment for _____ Family Members (AU & NON-AU)					1. Maximum Aid Payment for _____ Family Members (AU & NON-AU)					1. Maximum Aid Payment for _____ Family Members (AU & NON-AU)				
a. Net Nonexempt Income (Enter Item 12m from Side 2)					a. Net Nonexempt Income (Enter Item 12m from Side 2)					a. Net Nonexempt Income (Enter Item 12m from Side 2)				
b. Special Needs (AU + Non-AU) (Other than HA)					b. Special Needs (AU + Non-AU) (Other than HA)					b. Special Needs (AU + Non-AU) (Other than HA)				
c. Potential Grant					c. Potential Grant					c. Potential Grant				
2. Maximum Aid Payment for _____ Persons (AU)					2. Maximum Aid Payment for _____ Persons (AU)					2. Maximum Aid Payment for _____ Persons (AU)				
a. Special Needs (AU) (Other than HA)					a. Special Needs (AU) (Other than HA)					a. Special Needs (AU) (Other than HA)				
b. Subtotal					b. Subtotal					b. Subtotal				
c. Aid Payment (Lesser of 1c or 2b)					c. Aid Payment (Lesser of 1c or 2b)					c. Aid Payment (Lesser of 1c or 2b)				
3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU)					3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU)					3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU)				
a. Special Need for Child(ren)					a. Special Need for Child(ren)					a. Special Need for Child(ren)				
b. Subtotal					b. Subtotal					b. Subtotal				
c. Minor Parent Aid Payment (Greater of 2c or 3b)					c. Minor Parent Aid Payment (Greater of 2c or 3b)					c. Minor Parent Aid Payment (Greater of 2c or 3b)				
4. Proration figure (Use 2c or 3c) Date:					4. Proration figure (Use 2c or 3c) Date:					4. Proration figure (Use 2c or 3c) Date:				
a. Prorated Aid Payment					a. Prorated Aid Payment					a. Prorated Aid Payment				
5. Adjustments (Specify):					5. Adjustments (Specify):					5. Adjustments (Specify):				
a. Child Support Non-Co-Op 25% of Aid Payment					a. Child Support Non-Co-Op 25% of Aid Payment					a. Child Support Non-Co-Op 25% of Aid Payment				
b. Overpayments					b. Overpayments					b. Overpayments				
c. Other Sanctions					c. Other Sanctions					c. Other Sanctions				
d. Bonus					d. Bonus					d. Bonus				
6. Adjusted Aid Payment					6. Adjusted Aid Payment					6. Adjusted Aid Payment				

## BUDGET RECOMPUTATION

7. Actual Cash Aid Paid	\$	7. Actual Cash Aid Paid	\$	7. Actual Cash Aid Paid	\$
a. Adjusted Aid Payment (from line 6)	-	a. Adjusted Aid Payment (from line 6)	-	a. Adjusted Aid Payment (from line 6)	-
b. Subtotal	=	b. Subtotal	=	b. Subtotal	=
8. Actual Cash Aid Paid (use for O/P only)	\$	8. Actual Cash Aid Paid (use for O/P only)	\$	8. Actual Cash Aid Paid (use for O/P only)	\$
a. Child/Spousal Support Collected (Except for MFG)	-	a. Child/Spousal Support Collected (Except for MFG)	-	a. Child/Spousal Support Collected (Except for MFG)	-
b. Subtotal	=	b. Subtotal	=	b. Subtotal	=
9. Overpayment Amount (Lesser of Subtotal 7b or 8b)	\$	9. Overpayment Amount (Lesser of Subtotal 7b or 8b)	\$	9. Overpayment Amount (Lesser of Subtotal 7b or 8b)	\$
10. Underpayment Amount (If 6 is larger than 7)	\$	10. Underpayment Amount (If 6 is larger than 7)	\$	10. Underpayment Amount (If 6 is larger than 7)	\$
EW INITIAL AND DATE	AUTHORIZATION DATE	EW INITIAL AND DATE	AUTHORIZATION DATE	EW INITIAL AND DATE	AUTHORIZATION DATE

NET INCOME COMPUTATION	Budget Month _____	Budget Month _____	Budget Month _____
	for Payment Month _____	for Payment Month _____	for Payment Month _____
<b>11. APPLICANT FINANCIAL ELIGIBILITY</b> (Include AU & NON-AU)			
a. Applicant Family Gross Income	\$		
b. Disregard up to \$90 of earned income for each employed family member	-		
c. Net Nonexempt Income (NNI)	=		
d. MBSAC for _____ persons	\$		
e. Applicant Family Meets Net Income Test, if 11d exceeds 11c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>12. RECIPIENT FINANCIAL ELIGIBILITY AND COMPUTATION FOR APPLICANT/RECIPIENT NON-EXEMPT INCOME</b>			
a. Total Disability-Based Unearned Income of AU + NON-AU Members	\$		
b. \$225 Income Disregard	-		
c. Subtotal Nonexempt Disability-Based Income (if positive, enter amount in k) (if negative, enter amount in g)	\$		
d. Gross Earned Income (AU + NON-AU)	\$		
e. Net Earnings from Self-Employment Earnings (Enter from 13c below)	+		
f. Subtotal	=		
g. Remainder of \$225 Income Disregard (Enter any negative amount from 12c)	-		
h. Subtotal Earned Income	=		
i. 50% Earned Income Disregard (Total in 12h divided by 2)	-		
j. Subtotal (Net Nonexempt Earned Income)	=		
k. Nonexempt Unearned Disability Based-Income (Enter any positive amount from 12c)	+		
l. Other Nonexempt Income of Family (specify) _____ _____	+		
m. Net Nonexempt Income of Family (Enter in 1a on Side 1) (Family fails net income test if same as or greater than MAP.)	\$ =	\$ =	\$ =
<b>13. EARNINGS FROM SELF-EMPLOYMENT</b>			
a. Gross Earnings from Self-Employment	\$		
b. Business Expenses:	-		
	-		
	-		
c. Net Income from Self-Employment (Enter in 12e above)	\$		

ATTACHMENT G - TEMP CW 100 (CORRECTED VERSION) AND TEMP CW 101

- Attached is a corrected revision of the TEMP CW 100, which replaces the version transmitted in ACL 97-59. The revision date is changed from 11/97 to 12/97. The TEMP CW 100 is revised to delete the Lump Sum Rule section and correct several typographical errors. Under separate cover, you will receive an ACL that informs counties of a change in the application of the Lump Sum Rule because of the Paoli v. Anderson lawsuit. That ACL is expected to be released by November 10, 1997.
- Additionally, narrative in two bullets is changed:
  - In the first column, the last sentence in the "INCOME FROM NON-AU FAMILY MEMBERS" is revised to "These rules do not apply to any family member receiving SSI/SSP."
  - The last bullet in the second column is revised to add "dependent care and..."

We apologize for any inconvenience that this may have caused.

## NEW CASH AID RULES EFFECTIVE JANUARY 1, 1998

### Rules have changed relating to income eligibility and how your income is counted.

#### CASH-AID RULES OF ELIGIBILITY

Applicants will not be eligible for cash aid if their family's gross income, less \$90 from earned income per employed person, is more than the Minimum Basic Standard of Adequate Care (MBSAC) for the family. The family includes members of the assistance unit (AU) and certain Non-AU family members living in the same home. Recipients will not be eligible for cash aid if their family's net income is more than the Maximum Aid Payment (MAP) for the AU.

**Non-AU family members** are relatives who are excluded from the AU but live in the same home, such as:

- ineligible alien parents and ineligible alien children
- stepparents
- step-siblings of the aided child(ren)
- parents excluded by law from getting cash aid, such as a father of the unborn
- unmarried parents who have a child in common with the aided parent and the common child
- senior parents

#### INCOME FROM NON-AU FAMILY MEMBERS

The way of figuring the amount of income considered as available to your AU from Non-AU family members will change the way your cash aid is figured. The new rules use the gross income of all family members living in the home, including AU and Non-AU family members, to figure if you are eligible and your cash aid amount. These rules do not apply to any family member receiving SSI/SSP.

**Reporting responsibilities will change. You must report and provide proof of all Non-AU family members' income even if you did not in the past.**

#### TREATMENT OF SELF-EMPLOYMENT

Self-employed **recipients** will have a choice of figuring their business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once a self-employed **recipient** chooses a method of figuring his/her self-employed net income, he/she can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

#### DISREGARDS

**Net nonexempt income:** The disregards used to figure your net nonexempt income have changed. Your family, including AU and Non-AU members, will get a total disregard of \$225. This disregard is first subtracted from certain disability-based unearned income. Any remainder is then subtracted from the earned income of AU and Non-AU family members. If there is a remainder of earned income, 50 percent of the earned income will be disregarded. The remainder is your **net countable income**.

#### **Disability-based income is limited to the following:**

- State Disability Insurance (SDI)
- Private disability insurance benefits
- Temporary Workers' Compensation (TWC)
- Temporary Disability Indemnity (TDI)
- Social Security Disability Insurance (SSDI)

**Recipients** will be paid for their child care costs for November and December 1997 through the Supplemental Child Care (SCC) Program. When figuring cash aid for January and February 1998, child care costs in November and December 1997 will not be allowed as a disregard. The child care disregard will be replaced by a direct payment system. You will get another notice telling you about the new payment system for child care costs.

These changes mean the following disregards will no longer be deducted when figuring the AU's net non-exempt income:

- the \$30 and 1/3 earned income and \$90 standard work expense disregards
- court ordered child support and spousal support paid by AU members to persons living outside your home
- support paid to others not living in the home who are claimed as federal tax dependents by Non-AU family members
- dependent care and child care costs

## CHANGE IN EXEMPTIONS

The families that are eligible for the higher MAP amount will change. As of January 1, 1998, the only AUs that will be eligible to receive the higher MAP are families where each of the adult relative caretakers in the AU:

- Gets State Disability Insurance or
- Gets In-Home Support Services or
- Gets Social Security Income (SSI) State Supplemental Payment (SSP) or
- Gets Temporary Workers' Compensation or
- Gets Temporary Disability Indemnity or
- Is a non-parent caretaker relative and who is not included in the AU

## HOW YOUR CASH AID WILL BE FIGURED

Starting January 1, 1998, your cash aid will be figured differently. Your net income will have a new earned income disregard.

- **Recipients:** Your income from the month of November 1997 will be used to compute your January 1998 cash aid.
- **Applicants:** Your January 1998 cash aid is based on your January 1998 income.

Your cash aid will be figured by subtracting your family's net countable income from the MAP for your family. The amount paid each month cannot be more than the MAP plus any allowable special needs for your AU.

The MAP levels for Region 1 and Region 2 for AUs will continue.

### EXAMPLE 1:

Mother and father with 2 children receive cash assistance. Mother works part-time earning \$800 per month. Father receives \$300 in Social Security Disability Insurance benefits. Family is non-exempt and living in Region 2.

\$300	Disability-based Unearned Income
<u>-225</u>	Income Disregard
\$75	Nonexempt Disability-based Income

\$800	Earned Income
<u>-400</u>	50% Earned Income Disregard
\$400	Net Nonexempt Earned Income
<u>+75</u>	Nonexempt Disability-based Income
\$475	Total Net Countable Income

\$641	Nonexempt MAP for 4 (Region 2)
<u>-475</u>	Total Countable Income
\$176	Cash Aid Amount

### EXAMPLE 2:

Recipient with 2 children works part-time earning \$925 per month. Family is non-exempt and living in Region 2.

\$925	Earned Income
<u>-225</u>	Income Disregard
\$700	Nonexempt Earned Income
<u>-350</u>	50% Earned Income Disregard
\$350	Net Countable Earned Income

\$538	Nonexempt MAP for 3 (Region 2)
<u>-350</u>	Net Countable Income
\$188	Cash Aid Amount

## CALWORKS IMMUNIZATION RULES

### IMMUNIZATION RULES

Starting January 1, 1998, if you are getting cash aid, you must give the county proof that the child(ren) in your family under the age of 6 has received age-appropriate immunization(s) (shots). See Column 2 for a list of medically recommended immunizations.

### PROOF

If you are an applicant for CalWORKs, you must provide proof of immunization within 30 days of approval of Medi-Cal or within 45 days from date of application for CalWORKs if you are already getting Medi-Cal.

If you are a current recipient of CalWORKs, you must submit proof within 45 days of county notification that proof of immunization is required. For each child under the age of 6 added to the assistance unit, you must submit proof of immunization within 30 days of the child's approval for Medi-Cal.

If you have a problem getting immunizations for your child(ren), contact your worker immediately.

### EXEMPTIONS

Exempt from these rules are:

- o Child(ren) whose parent or caretaker relative submits a written statement from their doctor that certifies the child(ren) should not be immunized because of medical reasons. The doctor's statement must give the medical condition and if the condition is temporary or permanent.
- o Child(ren) whose parent or caretaker relative submits a sworn statement that the immunization rule is against his/her beliefs.

### FAILURE TO COOPERATE

If you do not submit proof of immunization for all pre-school age child(ren) in the assistance unit, your cash aid will be lowered by an amount equal to the share of the cash aid for the parent(s) or caretaker relative(s). Once proof is submitted, the share of cash aid will be restored for the parent(s)/caretaker relative(s).

### IMMUNIZATIONS

The Advisory Committee on Immunizations Practices, American Academy of Pediatrics, and American Academy of Family Physicians currently recommend the following immunizations for children under age 6:

- o Polio
- o Diphtheria, tetanus, and pertussis (DTP)
- o Measles, mumps, and rubella (MMR)
- o Varicella Virus Vaccine\* (for Chicken Pox)
- o Hepatitis B
- o Hemophilus influenza type b (for meningitis).

### WHERE TO GET IMMUNIZATIONS

- o A provider that accepts Medi-Cal
- o Your assigned physician in your Medi-Cal managed care plan
- o A county public health clinic
- o Any other source within your county offering free or low cost immunizations
- o A "Child Health and Disability Prevention (CHDP)" provider

### HOW TO GET MORE FACTS ABOUT IMMUNIZATIONS

You can call:

- o The National Immunization Information Hotline sponsored by the Center for Disease Control (CDC) and the American Social Health Association. Call Monday through Friday between 5 AM and 8 PM:
  - English 1-800-232-2522
  - Spanish 1-800-232-0233
- o Your local health department's Immunization Service Program or the CHDP Program (depending on the county).

(INSERT LOCAL OFFICE HERE)

\*The vaccination for chicken pox may not be available from all physicians.

If you have any questions, call your worker.

ATTACHMENT H - SUGGESTED LANGUAGE INFORMING DOCUMENTS

NUMBER	<u>TOPIC</u>
TEMP SL 1	Property/Resource Limits
TEMP SL 2	Restricted Accounts & Transfer of Assets
TEMP SL 3	Overpayment Collection & Voucher/Vendor Payments
TEMP SL 4	School Attendance
TEMP SL 5	Failure to Cooperate with Child Support and 60 Month Time Limit

This attachment contains all translations that are currently available.

## PROPERTY/RESOURCE LIMITS

### Informing Language

Effective January 1, 1998, the property and resource limits for applicants and recipients for cash aid will be changed. The property/resource limits will be the same as those for applicants and recipients of food stamps.

### PROPERTY LIMIT

There is a \$2000 limit on the amount of property (such as bank accounts, stocks, real estate, motor vehicles, etc.) an applicant or recipient household can have and still get cash aid. There is a \$3000 limit if the household has at least one member who is 60 years of age or older.

### MOTOR VEHICLES

The property rules for motor vehicles say that:

- ◆ Any fair market value of a licensed motor vehicle(s) over \$4,650 will count toward the \$2000/\$3000 property limit unless:
  - ◆
    - the household has only one vehicle and it is licensed and its fair market value is less than \$4,650
    - the household uses the vehicle for certain activities, such as:
      - for work, self-support, or self-employment
      - when necessary to transport a physically disabled household member
      - their home
      - to get the household's fuel or water, etc.
- ◆ For all other vehicles, the fair market value over \$4,650 or the equity value, whichever is higher, is counted toward the property limit. ( Equity value is the market value of the vehicle, less the amount the household owes on it.)

## LIMITE DE BIENES/RECURSOS

### Lenguaje informativo

A partir del 1º de enero de 1998, se cambiará el límite de bienes y recursos para las personas que solicitan o que reciben asistencia monetaria. El límite de bienes/recursos será el mismo que para las personas que solicitan o que reciben estampillas para comida.

### LIMITE DE BIENES

Habrà un límite de \$2000 en relación al valor de los bienes (como cuentas bancarias, acciones, bienes raíces, vehículos motorizados, etc.) que un hogar que solicita o que recibe asistencia monetaria podrá tener para poder recibir esa asistencia. Habrà un límite de \$3000 si en el hogar hay por lo menos un miembro que tiene 60 años o más.

### VEHICULOS MOTORIZADOS

Las reglas sobre los bienes relacionadas a los vehículos motorizados dicen que:

- ◆ El valor de un vehículo motorizado no se contará en relación al límite de bienes de \$2000/\$3000 si el hogar tiene solamente un vehículo, el cual está registrado, y su valor justo en el mercado es menos de \$4650.
- ◆ Cualquier cantidad del valor justo en el mercado de un vehículo motorizado **registrado** (que se use como el vehículo principal) que esté por encima de \$4650 se contará en relación al límite de bienes de \$2000/\$3000, a menos que los miembros del hogar usen el vehículo para ciertas actividades, como por ejemplo:
  - para trabajar, mantenerse a sí mismos o trabajar por cuenta propia
  - para transportar a un miembro incapacitado/discapacitado del hogar
  - como vivienda
  - para obtener combustible o agua para el hogar, etc.
- ◆ Para todos los otros vehículos, la cantidad del valor justo en el mercado que esté por encima de \$4650 o el valor de venta del vehículo menos los que se deba por él, lo que sea mayor, se contará en relación al límite de bienes.

# ចំនួនកំរិតទ្រព្យសម្បត្តិ និង ធនធាន សេចក្តីជំរាបព័ត៌មាន

ចាប់អនុវត្តពីថ្ងៃទី១ ខែមករា ឆ្នាំ១៩៩៨ ចំនួនកំរិតនៃទ្រព្យសម្បត្តិ និង ធនធានសំរាប់អ្នកដាក់ពាក្យសុំ និងអ្នកទទួលប្រាក់ជំនួយនឹងត្រូវបានផ្លាស់ប្តូរ ។  
ចំនួនកំរិតនៃទ្រព្យសម្បត្តិ និង ធនធាននឹងមានចំនួនដូចគ្នាទៅនឹងអ្នកដាក់ពាក្យសុំ និងអ្នកទទួលជំនួយបណ្តុំទិញម្ហូប ។

## ចំនួនកំរិតទ្រព្យសម្បត្តិ

ទ្រព្យសម្បត្តិមានចំនួនកំរិត \$2000 (ដូចជាគណនីយូនៅធនាគារ ប្រាក់ចូលហ៊ុន អចលនវត្ថុ ថយន្ត ។ល។) ដែលក្រុមគ្រួសារនៃអ្នកដាក់ពាក្យសុំ  
ឬអ្នកទទួលជំនួយអាចមាន និងនៅតែទទួលប្រាក់ជំនួយ ។ ទ្រព្យសម្បត្តិមានចំនួនកំរិត \$3000 បើសិនជាក្នុងក្រុមគ្រួសារមានសមាជិកយ៉ាងតិច  
ណាស់ម្នាក់ដែលមានអាយុ៦០ឆ្នាំ ឬច្រើនជាង ។

## ថយន្ត

ច្បាប់ទ្រព្យសម្បត្តិសំរាប់ថយន្តចែងថា :

- ◆ ថយន្តដែលមានច្បាប់អន្តោលណាដែលមានតម្លៃលក់ដ៏សមរម្យតាមទីផ្សារលើសពីចំនួន \$4,650 នឹងត្រូវបានយកមកគិតចូលជាចំនួនកំរិត  
ទ្រព្យសម្បត្តិ \$2000 ឬ \$3000 លើកលែងតែ :
  - នៅក្នុងក្រុមគ្រួសារមានថយន្តតែមួយ និងជាថយន្តដែលមានច្បាប់អន្តោល និងមានតម្លៃលក់ដ៏សមរម្យតាមទីផ្សារមានតម្លៃថោកជាង  
\$4,650
  - ក្រុមគ្រួសារប្រើថយន្តសំរាប់តែសកម្មភាពដឹកជញ្ជូនទំនិញ ដូចជា :
    - សំរាប់ធ្វើការ ជួយផ្គត់ផ្គង់ខ្លួនដោយខ្លួនឯង ឬការប្រកបមុខរបរដោយខ្លួនឯង
    - សំរាប់ដឹកនាំសមាជិកនៅក្នុងគ្រួសារណាដែលពិការរូបកាយ នៅពេលណាជាចាំបាច់
    - ធ្វើជាជួររបស់គេ
    - ដើម្បីទៅយកប្រេងឥន្ធនៈ ឬទឹកសំរាប់ក្រុមគ្រួសារ ។ល។
- ◆ សំរាប់ថយន្តដទៃទៀត តម្លៃសមរម្យនៅតាមទីផ្សារដែលលើសពី \$4,650 ឬតម្លៃថយន្តនៅពេលលក់ ចំនួនណាមួយដែលច្រើនជាងនៃចំនួន  
ទាំងពីរ គឺត្រូវបានយកមកគិតថាជាចំនួនកំរិតទ្រព្យសម្បត្តិ ។ (តម្លៃនៅពេលលក់ គឺជាតម្លៃលក់ថយន្តនៅតាមទីផ្សារ ដកចំនួនថយន្តក្រុម  
គ្រួសារជំពាក់នៅលើថយន្ត។)

## 財產／資產限額 通告文

自1998年1月1日起，對現金補助申請者和領取者的財產和資產限額將有所改變。財產／資產限額將相同於糧食券申請者和領取者的財產和資產限額。

### 財產限額

對申請者或領取者家屬可以擁有並仍可領取現金補助的財產金額是\$2000的限額（如：銀行帳戶，股票，不動產，機動車等）。假如家屬中至少有一位成員年為60歲或60歲以上，就有\$3000的限額。

### 機動車

對機動車的財產條例規定：

- ◆ 這個家庭只有一輛車，它持有執照，並且公平市價少於\$4,650，這輛車的價值將不算入\$2000/\$3000財產限額。

任何持執照機動車超過\$4,650的公平市價將算入\$2000/\$3000財產限額，除非：

- 這個家庭為了某些活動使用車輛，如：
  - 為了工作，自食其力，或自己辦業務
  - 在必要時接送身體殘障的家庭成員
  - 作為住房
  - 運取家用燃料和水等
- ◆ 對所有其它的車輛，凡超過\$4,650的公平市價或是剩餘價值，視哪個較高，要被算入財產限額中。（剩餘價值是車輛的市價減去這個家庭所欠的金額。）

## **CÁC MỨC GIỚI HẠN VỀ TÀI SẢN VÀ NGUỒN TÀI LỢI**

### **Ngôn Ngữ Dùng Trong Thông Báo**

Có hiệu lực kể từ ngày 1 tháng 1 năm 1998, các mức giới hạn về tài sản và nguồn tài lợi đối với những người xin và người nhận trợ cấp tiền mặt sẽ thay đổi. Các mức giới hạn về tài sản và nguồn tài lợi sẽ giống như các mức áp dụng đối với những người xin và người nhận trợ cấp phiếu thực phẩm.

### **MỨC GIỚI HẠN VỀ TÀI SẢN**

Hiện có một mức giới hạn về tài sản là \$2000 (chẳng hạn như các trương mục ngân hàng, cổ phần chứng khoán, bất động sản, xe cộ, v.v...) mà một hộ của người xin hay người nhận trợ cấp có thể có và vẫn được hưởng trợ cấp tiền mặt. Mức giới hạn này sẽ là \$3000 nếu hộ gia đình có ít nhất một thành viên hiện đủ hay trên 60 tuổi.

### **VỀ XE CỘ**

Đối với xe cộ, các quy luật về tài sản quy định rằng:

- ◆ Bất kỳ giá thị trường hợp lý nào của một (hay các) xe cộ có đăng bộ vượt quá mức \$4,650 cũng sẽ được tính/kế vào mức giới hạn về tài sản \$2000/\$3000 này trừ khi:
  - hộ gia đình chỉ có một chiếc xe duy nhất và xe này có đăng bộ và giá thị trường hợp lý của chiếc xe này thấp hơn mức \$4,650
  - hộ gia đình dùng xe cộ này vào một số sinh hoạt nhất định, chẳng hạn như:
    - để đi làm, tự mưu sinh, hoặc làm nghề tự do cá thể
    - để chở một thành viên ở trong hộ bị mất năng lực về thể chất khi cần
    - dùng làm nhà ở
    - để chuyên chở chất đốt hay nước v.v... cho hộ.
- ◆ Đối với tất cả các xe cộ khác, giá thị trường hợp lý vượt quá mức \$4,650 hoặc trị giá của phần tài sản theo tổng số đã trả (tính theo mức nào cao hơn) sẽ được tính/kế vào mức giới hạn về tài sản. (Trị giá của phần tài sản theo tổng số đã trả là giá thị trường hợp lý của chiếc xe trừ cho số tiền mà hộ gia đình còn thiếu nợ trên chiếc xe đó.)

## RESTRICTED ACCOUNTS Informing Language

Recipients will be able to make a qualifying withdrawal from their restricted accounts to pay for any educational and job training costs for any member of the AU. Recipients can continue to make qualifying withdrawals for starting a business and for the purchase of a home. But the rules say:

- The recipient **must** sign a new Agreement before he/she can make a qualifying withdrawal for education and job training expenses.
- The recipient **can only** make a qualifying withdrawal on or after the date he/she signs the new Agreement.

## CUENTAS RESTRINGIDAS Lenguaje informativo

Se permitirá que las personas que reciben asistencia saquen dinero de sus cuentas restringidas para pagar los gastos de educación o de entrenamiento relacionado al trabajo de cualquier miembro de la unidad de asistencia. Las personas que reciben asistencia podrán continuar sacando dinero para empezar un negocio y para comprar una casa. Pero las reglas dicen que:

- La persona que recibe asistencia **tiene que** firmar un nuevo convenio para recibir aprobación para poder sacar dinero para los gastos de educación o de entrenamiento relacionado al trabajo.
- **Solamente se permitirá** que la persona que recibe asistencia saque dinero a partir de la fecha en que firme el nuevo convenio.

## TRANSFER OF ASSETS RULE Informing Language

On and after January 1, 1998, recipients can sell, exchange, or change the form of their property holdings if they get fair market value for their property. If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number. For example, if you sell an automobile with a fair market value of \$6000 for \$4000 and the maximum need standard for your family is \$800, your period of ineligibility will be for two months.

$\$6000 - \$4000 = \$2000$  divided by  $\$800 = 2.5$  months  
(The AU is ineligible for two months because we rounded down.)

## REGLA SOBRE LA TRANSFERENCIA DE BIENES Lenguaje informativo

A partir del 1º de enero de 1998, las personas que reciben asistencia podrán vender, intercambiar o cambiar sus bienes si reciben por ellos el valor justo en el mercado. Si no reciben por ellos el valor justo en el mercado, la familia tendrá un período de inelegibilidad. El período de inelegibilidad se calcula restando del valor justo en el mercado, la cantidad recibida por un bien, y entonces dividiendo esa cantidad entre el estándar de necesidades de la familia. Del resultado, se usará el número entero. Por ejemplo, si vende un auto, que tiene un precio justo en el mercado de \$6000, por \$4000 y el estándar máximo de necesidades de la familia es de \$800, su período de inelegibilidad será de dos meses.

$\$6000 - \$4000 = \$2000$  dividido entre  $\$800 = 2.5$  meses  
(La unidad de asistencia no es elegible por dos meses porque se usará el número entero.)

## គណនីយុវជនមានកំរិត សេចក្តីជំរាបព័ត៌មាន

អ្នកទទួលជំនួយនឹងអាចដកប្រាក់ពីគណនីយុវជនមានកំរិតរបស់គេទៅតាមការមានគុណសម្បត្តិអាចធ្វើបាន ដើម្បីបង់សំរាប់ថ្លៃសិក្សាទាំងឡាយ និងការប្តូរ ប្តូរលើការងារសំរាប់សមាជិកណាដែលនៅក្នុងក្រុមគ្រួសារទទួលជំនួយ ។ អ្នកទទួលជំនួយអាចបន្តការដកប្រាក់ទៅតាមគុណសម្បត្តិអាចធ្វើបាន ដើម្បី ចាប់ផ្តើមមុខរបរ និងសំរាប់ទិញផ្ទះ ។ ប៉ុន្តែច្បាប់បានចែងថា :

- អ្នកទទួលជំនួយត្រូវតែចុះហត្ថលេខានៅលើកិច្ចព្រមព្រៀងថ្មីមួយ នៅមុនពេលដែលគាត់អាចដកប្រាក់ទៅតាមគុណសម្បត្តិអាចធ្វើបាន សំរាប់ ការចំណាយលើការសិក្សា និងការប្តូរប្តូរលើការងារ ។
- អ្នកទទួលជំនួយអាចដកប្រាក់ទៅតាមគុណសម្បត្តិអាចធ្វើបាន តែនៅប្តូរឆ្នាំកាលបរិច្ឆេទដែលគាត់ចុះហត្ថលេខានៅលើកិច្ចព្រមព្រៀងថ្មីមួយ នោះ ។

## ច្បាប់ផ្ទេរទ្រព្យសម្បត្តិ សេចក្តីជំរាបព័ត៌មាន

នៅប្តូរឆ្នាំ ១៩៩៩ ខែមករា ឆ្នាំ១៩៩៨ អ្នកទទួលជំនួយអាចលក់ ប្តូរ ឬកែប្រែរបៀបកាន់កាប់ទ្រព្យសម្បត្តិរបស់គេ បើសិនជាគេទទួលបានមូលកំរៃ ទ្រព្យសម្បត្តិរបស់គេតាមតម្លៃសមរម្យនៅតាមទីផ្សារ ។ បើសិនជាគេមិនបានទទួលមូលកំរៃសំរាប់ទ្រព្យសម្បត្តិរបស់គេតាមតម្លៃសមរម្យនៅតាមទីផ្សារ គ្រួសារនេះនឹងទទួលបានកំរៃពេលនៃការមិនមានសិទ្ធិទទួលជំនួយ ។ កំរៃពេលនៃការមិនមានសិទ្ធិទទួលជំនួយត្រូវបានគិតដោយយកចំនួនដែលបាន ទទួលទៅដកនឹងចំនួនតម្លៃទ្រព្យសម្បត្តិសមរម្យនៅតាមទីផ្សារ ហើយបន្ទាប់មកចែកចំនួននោះដោយខ្នាតសេចក្តីត្រូវការសំរាប់គ្រួសារ ។ ចំនួននេះ ត្រូវបានសម្រួលចុះទៅជាចំនួនគត់នៃលេខបន្ទាប់ ។ ជាឧទាហរណ៍ បើសិនជាលោកអ្នកលក់រថយន្តមួយតម្លៃ\$4000 ដែលតម្លៃសមរម្យតាមទីផ្សារតម្លៃ \$6000 ហើយខ្នាតសេចក្តីត្រូវការច្រើនបំផុតសំរាប់គ្រួសាររបស់លោកអ្នកគឺ\$800 កំរៃពេលនៃការមិនមានសិទ្ធិទទួលជំនួយរបស់លោកអ្នកនឹងមាន រយៈពេលពីរខែ ។

$$\$6000 - \$4000 = \$2000 \text{ បានចែកដោយ } \$800 = 2.5 \text{ ខែ}$$

(ក្រុមគ្រួសារទទួលជំនួយមិនមានសិទ្ធិទទួលជំនួយសំរាប់ពេលពីរខែ ពីព្រោះតែយើងបានសម្រួលចុះទៅចំនួនគត់បន្ទាប់។)

## 受限制的帳戶 通告文

領取者將可以從他們受限制的帳戶中合格地提款來為補助單位(AU)的成員支付教育費用和工作訓練費用。領取者還可以繼續合格地提款來開辦業務，並且購買住房。但是條例規定：

- 領取者在為教育花費和工作訓練花費合格地提款以前，他／她必須先簽署一份新的協議書。
- 領取者只有在他／她簽署新協議書的日期時或之後才可以合格地提款。

## 讓渡資產條例 通告文

於1998年1月1日和過後，領取者可以出售，交換或改變他們資產保有權的形式，假如他們的財產得到公平市價的話。假如他們的資產不得到公平市價的話，這個家庭就要有一段不合乎資格期。不合乎資格期的計算法是從資產的公平市價中減去所收到的金額，然後除以家庭需要標準的金額。此數目往下舍出至前面一個較低的整數。舉例說，假如你出售一輛公平市價為\$6000的汽車，售價為\$4000，而你家庭的最高需要標準是\$800，你的不合乎資格期為二個月。

$\$6000 - \$4000 = \$2000$  除以  $\$800 = 2.5$  個月。

(AU不合乎資格期為二個月，因為我們作了往下舍去。)

## CÁC TRƯỜNG MỤC GIỚI HẠN Ngôn Ngữ Dừng Trong Thông Báo

Những người nhận trợ cấp có thể thực hiện việc rút tiền ra từ các trường mục giới hạn của họ một cách hợp lệ để trả cho bất cứ phí tổn nào về học văn hóa hay học huấn nghệ của bất kỳ một thành viên nào trong đơn vị nhận trợ cấp (AU). Những người nhận trợ cấp có thể tiếp tục thực hiện việc rút tiền ra một cách hợp lệ để mở một cơ sở kinh doanh/nghiệp vụ và để mua một căn nhà ở. Nhưng luật quy định rằng:

- Người nhận trợ cấp **phải** ký tên vào một Bản Thỏa Thuận mới trước khi ông hay bà ta có thể thực hiện việc rút tiền ra một cách hợp lệ để trả cho các chi phí về học văn hóa và học huấn nghệ.
- Người nhận trợ cấp **chỉ có thể** thực hiện việc rút tiền ra một cách hợp lệ vào hay sau ngày ông hay bà ta ký tên vào Bản Thỏa Thuận mới.

## QUY LUẬT VỀ VIỆC CHUYỂN QUYỀN SỞ HỮU CÁC TÀI SẢN Ngôn Ngữ Dừng Trong Thông Báo

Kể từ ngày 1 tháng 1 năm 1998, những người nhận trợ cấp có thể bán, trao đổi, hoặc thay đổi các hình thức sở hữu tài sản của họ nếu họ nhận về được giá thị trường hợp lý đối với tài sản của họ. Nếu họ không nhận về được giá thị trường hợp lý đối với tài sản đó, gia đình sẽ bị một kỳ hạn không hội đủ điều kiện hưởng trợ cấp. Kỳ hạn không hội đủ điều kiện này được chiết tính bằng cách đem trừ số tiền đã nhận với giá thị trường hợp lý của tài sản đó, kế tiếp đem chia số còn lại sau khi trừ cho tiêu chuẩn nhu cầu của gia đình. Số thành sau khi chia sẽ được tính tròn lại bằng cách giảm xuống số nguyên thấp hơn kế tiếp. Thí dụ: nếu quý vị bán một chiếc xe hơi với giá là \$4000 so với giá thị trường hợp lý là \$6000 và mức tối đa về tiêu chuẩn nhu cầu cho gia đình quý vị là \$800, kỳ hạn không hội đủ điều kiện hưởng trợ cấp của quý vị sẽ là hai tháng.

$$\$6000 - \$4000 = \$2000 \text{ chia cho } \$800 = 2.5 \text{ (tháng)}$$

(Đơn vị nhận trợ cấp này không hội đủ điều kiện trong hai tháng vì chúng tôi tính tròn lại bằng cách giảm xuống số nguyên thấp hơn.)

**OVERPAYMENT COLLECTION**  
**Informing Language**

Effective January 1, 1998, the law changes the amount the county can collect from you when you are overpaid cash aid. If the overpayment is due to county error, the county can collect by lowering your cash aid by five percent of your maximum aid payment. If the overpayment is due to any other reason, the county can collect by lowering your cash aid by ten percent of your maximum aid payment. You have the option of repaying any overpayment more quickly. Tell the county if you want to repay faster.

**COBRO DE PAGOS EXCESIVOS**  
**Lenguaje informativo**

A partir del 1º de enero de 1998, las leyes cambiarán la cantidad que el condado podrá cobrarle cuando usted reciba asistencia monetaria de más. Si se le paga de más debido a un error del condado, el condado podrá cobrarle reduciendo de su asistencia monetaria la cantidad equivalente al cinco por ciento de su pago máximo de asistencia. Si se le paga de más debido a cualquier otra razón, el condado podrá cobrarle reduciendo de su asistencia monetaria la cantidad equivalente al diez por ciento de su pago máximo de asistencia. Usted tiene la opción de reembolsar cualquier pago excesivo más rápidamente. Dígale al condado si quiere hacer el reembolso más rápidamente.

**VOUCHER/VENDOR PAYMENTS**  
**Informing Language**

The rules say that when a parent or caretaker relative has been sanctioned for three or more months in a row, the county must issue voucher/vendor payments for at least your rent and utilities. This means part of your aid payment to pay your rent and utilities is sent directly to your landlord and utility company. Your cash aid payment is lowered by the money paid by the county for your rent and utilities.

Other facts you need to know are that:

- A parent/caretaker relative who is sanctioned is taken out of the assistance unit.
- Vendor/voucher payments continue until the parent/caretaker relative is no longer sanctioned.

**VALES/PAGOS AL PROVEEDOR**  
**Lenguaje informativo**

Las reglas dicen que cuando un padre/madre o persona encargada del cuidado continuo de un familiar ha sido sancionada por tres meses seguidos, o más, el condado tiene que emitir vales/pagos al proveedor por lo menos para los gastos de alquiler y de servicios públicos y municipales. Esto significa que parte de su pago de asistencia se le manda directamente al dueño de la vivienda y a la compañía que proporciona los servicios públicos y municipales, para pagar el alquiler y los servicios públicos y municipales. Se reduce de su pago de asistencia monetaria la cantidad equivalente a la que el condado pagó por el alquiler y servicios públicos y municipales de usted.

Otros datos que usted necesita saber son que:

- Se quita de la unidad de asistencia al padre/madre/persona encargada del cuidado continuo de un familiar que sea sancionada.
- Los vales/pagos al proveedor continúan hasta que el padre/madre/persona encargada del cuidado continuo de un familiar ya no esté sancionada.

## **ការទាមទារប្រាក់ផ្តល់ឱ្យលើសចំនួន សេចក្តីជំរាបព័ត៌មាន**

ចាប់អនុវត្តពីថ្ងៃទី១ ខែមករា ឆ្នាំ១៩៩៨ ច្បាប់កែប្រែចំនួនដែលខណ្ឌអាចទាមទារពីលោកអ្នក នៅពេលដែលលោកអ្នកត្រូវបានផ្តល់ប្រាក់ឱ្យលើសចំនួន ។ បើសិនជាប្រាក់ផ្តល់ឱ្យលើសគឺបណ្តាលមកពីកំហុសរបស់ខណ្ឌ ខណ្ឌអាចទាមទារដោយបន្ថយប្រាក់ជំនួយរបស់លោកអ្នកចំនួន៥ភាគរយនៃចំនួនជំនួយច្រើនបំផុតរបស់លោកអ្នក ។ បើសិនជាប្រាក់ផ្តល់ឱ្យលើសគឺបណ្តាលមកពីមូលហេតុដទៃទៀត ខណ្ឌអាចទាមទារដោយបន្ថយប្រាក់ជំនួយរបស់លោកអ្នកចំនួន១០ភាគរយនៃចំនួនជំនួយច្រើនបំផុតរបស់លោកអ្នក ។ លោកអ្នកមានការជ្រើសរើសដើម្បីបង់សងចំនួនប្រាក់ផ្តល់ឱ្យលើសដោយឆាប់ជាងនេះ ។ សូមប្រាប់ខណ្ឌ បើសិនជាលោកអ្នកចង់បង់សងឱ្យឆាប់ជាងនេះ ។

## **ការបង់ជាបណ្តឹងឬបង់ទៅឱ្យអ្នកលក់ សេចក្តីជំរាបព័ត៌មាន**

ច្បាប់ចែងថា នៅពេលដែលឧតុកម្មមួយ ឬអ្នកថែរក្សាដែលជាសាច់ញាតិត្រូវបានទទួលទណ្ឌកម្មសំរាប់ពេលបីខែ ឬច្រើនខែជាបន្តបន្ទាប់គ្នា ខណ្ឌត្រូវតែបង់ឱ្យជាបណ្តឹងឬបង់ទៅឱ្យអ្នកលក់ យ៉ាងហោចណាស់សំរាប់ថ្ងៃឈ្នួលផ្ទះ និងថ្ងៃទឹក ភ្លើង ប្តោស ។ល។របស់លោកអ្នក ។ នេះគឺមានន័យថាប្រាក់ជំនួយមួយផ្នែករបស់លោកអ្នកសំរាប់ថ្ងៃឈ្នួលផ្ទះ ឬថ្ងៃទឹក ភ្លើង ប្តោស។ល។ត្រូវបានផ្ញើបង់ដោយផ្ទាល់ទៅឱ្យម្ចាស់ផ្ទះ និងក្រុមហ៊ុនទឹក ភ្លើង ប្តោស។ល។របស់លោកអ្នក ។ ប្រាក់ជំនួយរបស់លោកអ្នកត្រូវបានបន្ថយដោយប្រាក់ដែលបានបង់ដោយខណ្ឌ សំរាប់ថ្ងៃឈ្នួលផ្ទះ និងថ្ងៃទឹក ភ្លើង ប្តោស។ល។របស់លោកអ្នក ។

ព័ត៌មានដទៃទៀតដែលលោកអ្នកត្រូវដឹងគឺថា :

- ឧតុកម្មមួយ ឬអ្នកថែរក្សាដែលជាសាច់ញាតិណាដែលត្រូវបានទទួលទណ្ឌកម្ម គឺត្រូវបានដកចេញពីក្រុមគ្រួសារទទួលជំនួយ ។
- ការបង់ឱ្យជាបណ្តឹង ឬបង់ទៅឱ្យអ្នកលក់ត្រូវបង់បន្តទៅទៀតរហូតទាល់តែឧតុកម្មមួយ ឬអ្នកថែរក្សាជាសាច់ញាតិឈប់ទទួលការធ្វើទណ្ឌកម្ម ។

## 追討超額付款 通告文

自1998年1月1日起，州政府法律改變了對你取得超額付款的現金補助時所追討的金額。假如超額付款是由於郡政府的錯誤，郡政府追討這筆錢的方法是把你的現金補助減少百分之五的最高補助付款。假如超額付款是由於任何其他的原因，郡政府追討這筆錢的方法是把你的現金補助減少百分之十的最高補助付款。你可以選擇更快地償還超額付款。假如你要更快地償還的話，請告訴郡政府。

## 給售主／用憑單付款 通告文

條例規定當一位家長或親屬照看者連續有三個月或更多個月受到制裁時，郡政府必須至少為你的房租和水電費發放給售主／用憑單付款。這表示付你房租和水電費的部份補助付款被直接付給你的房東和水電公司。你的現金補助付款要減少郡政府為你房租和水電費所支付的錢。

其他你需知的事實：

- 受到制裁的家長／親屬照看者要從補助單位中被除離。
- 給售主／用憑單付款將繼續至家長／親屬照看者不再受到制裁為止。

## **VIỆC THU LẠI KHOẢN CẤP LỖ** **Ngôn Ngữ Dừng Trong Thông Báo**

Kể từ ngày 1 tháng 1 năm 1998, luật sẽ thay đổi về số tiền Ty Xã Hội có thể thu lại của quý vị khi quý vị được cấp lỗ trợ cấp tiền mặt. Nếu khoản cấp lỗ là do sự lầm lẫn của Ty Xã Hội, Ty Xã Hội có thể thu lại bằng cách giảm trợ cấp tiền mặt của quý vị xuống năm phần trăm trên mức cấp khoản trợ cấp tối đa của quý vị. Nếu khoản cấp lỗ là vì bất kỳ một lý do nào khác, Ty Xã Hội có thể thu lại bằng cách giảm trợ cấp tiền mặt của quý vị xuống mười phần trăm trên mức cấp khoản trợ cấp tối đa của quý vị. Quý vị có thể chọn một cách hoàn trả nhanh hơn đối với bất cứ khoản cấp lỗ nào. Hãy báo cho Ty Xã Hội biết nếu quý vị muốn hoàn trả nhanh hơn

## **CÁC KHOẢN TRẢ BẰNG PHIẾU/TRẢ CHO NƠI CUNG CẤP** **Ngôn Ngữ Dừng Trong Thông Báo**

Luật quy định rằng khi một người cha/mẹ hoặc người thân nhân giám hộ bị trừng phạt trong một đợt liên tục từ ba tháng trở lên, Ty Xã Hội tối thiểu phải trả các khoản tiền thuê nhà ở và các tiện nghi (điện, ga, v.v...) của quý vị bằng phiếu/trả cho nơi cung cấp. Điều này có nghĩa là một phần cấp khoản trợ cấp của quý vị dùng để trả tiền thuê nhà và các tiện nghi của quý vị sẽ được gửi thẳng cho người chủ nhà và công ty cung cấp tiện nghi. Trợ cấp tiền mặt của quý vị bị giảm xuống bằng với số tiền mà Ty Xã Hội đã về trả tiền thuê nhà và các tiện nghi của quý vị.

Những sự kiện khác quý vị cần biết đến là:

- Một người cha/mẹ hoặc người thân nhân giám hộ nào đã bị trừng phạt, người đó sẽ bị gạt ra khỏi đơn vị nhận trợ cấp.
- Các khoản trả bằng phiếu/trả cho nơi cung cấp sẽ được tiếp tục cho tới khi nào người cha/mẹ hoặc người thân nhân giám hộ không còn bị trừng phạt nữa.

## SCHOOL ATTENDANCE

Informing Language

As of January 1, 1998, all school-age children in the assistance unit will be required to attend school. Your grant will be lowered:

- If you fail or refuse to cooperate in providing routinely available proof of regular school attendance when requested by the county.
- If any child under the age of 16 does not regularly attend school, cash aid will be lowered by the amount equal to the parent/caretaker relative(s)' share of the grant.
- If any child age 16 or older does not attend school regularly, cash aid will be lowered by the amount equal to the child's share of the grant.

If your child(ren) does not regularly attend school or if you cannot cooperate with the county in providing proof of school attendance, you will need to tell your worker why.

## **SỰ CÓ MẶT ĐI HỌC**

### Ngôn Ngữ Dùng Trong Thông Báo

Kể từ ngày 1 tháng 1 năm 1998, tất cả các con em ở tuổi phải đi học trong đơn vị nhận trợ cấp được quy định là phải có mặt đi học. Trợ cấp của quý vị sẽ bị giảm xuống:

- Nếu quý vị không hoặc khước từ hợp tác trong việc khai nộp bằng chứng có thể có được một cách thường lệ về sự có mặt đi học đều đặn khi Ty Xã Hội Hạt đòi giao nộp.
- Nếu có bất kỳ một con em nào dưới 16 tuổi không đi học đều đặn, trợ cấp tiền mặt sẽ bị giảm xuống một số bằng với phần trợ cấp mà người cha/mẹ hay (các) người thân nhân giám hộ được hưởng.
- Nếu có bất kỳ một con em nào từ 16 tuổi trở lên không đi học đều đặn, trợ cấp tiền mặt sẽ bị giảm xuống một số bằng với phần trợ cấp mà đứa trẻ đó được hưởng.

Nếu (các) con em của quý vị không đi học đều đặn hoặc nếu quý vị không hợp tác với Ty Xã Hội Hạt trong việc khai nộp bằng chứng về sự có mặt đi học, quý vị sẽ phải trình bày lý do tại sao với nhân viên phụ trách hồ sơ của quý vị.

## Informing Language

### **FAILURE TO COOPERATE WITH CHILD SUPPORT ENFORCEMENT RULES**

Effective January 1, 1998, if a parent or caretaker relative fails to cooperate with the District Attorney in establishing paternity or establishing, changing, or enforcing a child support order for any child for whom aid is requested, the family's cash aid will be reduced by 25% instead of the current penalty which is to remove the parent or caretaker relative from the assistance unit. Failure to cooperate includes when the parent or caretaker relative cashes a child support check instead of turning it over to the District Attorney. The parent or relative may still claim good cause for not cooperating. Good cause for not cooperating include the following reasons:

- Cooperation is expected to increase the risk of physical, sexual, or emotional harm to the child.
- Cooperation is expected to increase the risk of physical or emotional harm to you.
- The child was conceived as a result of incest or rape.
- Court proceedings are going on for the adoption of the child.
- You are working with an adoption agency to help you to decide whether to keep the child or give up the child for adoption.
- You are cooperating in good faith, but are unable to identify or help find the child's father.
- Any other reason that would make cooperation not in the best interest of the child.

Ask your worker if you have questions about the good cause reasons for not cooperating with the District Attorney.

### **60-MONTH TIME LIMIT**

Effective January 1, 1998, a parent or caretaker relative is not eligible for cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) when he/she has received cash aid for a total of 60 months. This includes cash aid received from other states. Cash aid that was received from California or other states under the Aid to Families with Dependent Children (AFDC) Program before January 1, 1998 is not counted toward the 60-month time limit. There are exceptions to this rule such as when the parent or caretaker relative is 60 years of age or older or is not included in the assistance unit. This rule does not apply to children in the assistance unit.

## Ngôn Ngữ Dừng Trong Thông Báo

### **CÁC QUY LUẬT VỀ VẤN ĐỀ KHÔNG HỢP TÁC VỚI VIỆC BUỘC TUÂN HÀNH SỰ CẤP DƯỠNG CHO CON**

Có hiệu lực kể từ ngày 1 tháng 1 năm 1998, nếu một người cha/mẹ hay người thân nhân giám hộ không hợp tác với Biện Lý Cuộc trong việc thiết lập phụ hệ hoặc thiết lập, thay đổi, hay buộc tuân hành một án lệnh cấp dưỡng cho bất kỳ một con em nào có xin hưởng trợ cấp, trợ cấp tiền mặt của gia đình đó sẽ bị giảm xuống 25% thay vì hình phạt hiện hữu là loại trừ người cha/mẹ hay người thân nhân giám hộ đó ra khỏi đơn vị nhận trợ cấp. Việc không hợp tác bao gồm cả việc khi người cha/mẹ hay người thân nhân giám hộ đổi chi phiếu cấp dưỡng cho con lấy tiền thay vì chuyển giao chi phiếu đó cho Biện Lý Cuộc. Người cha/mẹ hay người thân nhân giám hộ vẫn có thể trình bày nguyên nhân chính đáng về việc không hợp tác. Nguyên nhân chính đáng về việc không hợp tác gồm có những lý do sau đây:

- Sự hợp tác được dự tính là sẽ làm gia tăng khả năng nguy hiểm về thể xác, sinh lý, hoặc gây thương tổn về tinh cảm cho đứa trẻ.
- Sự hợp tác được dự tính là sẽ làm gia tăng khả năng nguy hiểm về thể xác, sinh lý, hoặc gây thương tổn cho quý vị.
- Đứa trẻ đó đã được thụ thai do hậu quả của sự loạn luân hay cưỡng dâm.
- Đang tiến hành các thủ tục tại tòa án về việc cho đứa trẻ làm con nuôi.
- Quý vị đang thảo luận với một cơ sở phụ trách việc cho/nhận con nuôi để giúp quý vị quyết định xem có nên giữ đứa trẻ này hay đem cho đứa trẻ này làm con nuôi.
- Quý vị có ý hợp tác trung thực, nhưng không thể nhận biết hoặc giúp vào việc tìm kiếm người cha của đứa trẻ.
- Bất kỳ lý do nào khác sẽ làm cho sự hợp tác không mang lại được lợi ích tốt nhất đối với đứa trẻ.

Hãy hỏi nhân viên phụ trách hồ sơ của quý vị nếu quý vị có bất kỳ điều gì thắc mắc về nguyên nhân chính đáng để không hợp tác với Biện Lý Cuộc.

### **MỨC HẠN ĐỊNH THỜI GIAN 60 THÁNG**

Có hiệu lực kể từ ngày 1 tháng 1 năm 1998, theo Chương Trình CalWORKs (Chương Trình Tạo Cơ Hội Về Việc Làm và Trách Nhiệm Đối Với Con Em của California), một người cha/mẹ hay người thân nhân giám hộ sẽ không hội đủ điều kiện hưởng trợ cấp tiền mặt khi người đó đã nhận trợ cấp tiền mặt cho một khoảng thời gian tổng cộng là 60 tháng. Điều này bao gồm cả trợ cấp tiền mặt đã hưởng tại một tiểu bang khác. Trợ cấp tiền mặt nào đã nhận của California hay của các tiểu bang khác qua Chương Trình AFDC (Trợ Cấp Cho Các Gia Đình Có Con Em Nhỏ Phụ Thuộc) trước ngày 1 tháng 1 năm 1998 sẽ không bị tính vào mức hạn định thời gian 60 tháng này. Có những ngoại lệ đối với quy luật này chẳng hạn như khi người cha/mẹ hay người thân nhân giám hộ được 60 tuổi hay hơn hoặc khi họ không có ở trong đơn vị nhận trợ cấp. Quy luật này không áp dụng đối với các trẻ em ở trong đơn vị nhận trợ cấp.