

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



October 19, 1998

ALL COUNTY INFORMATION NOTICE NO. I-61-98

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

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: MONTHLY REPORTING FORMS: CW 7/SAWS 7 AND CW 7A; AND IMMEDIATE NEED PAYMENT REQUEST: CW 4

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, STATUTES OF 1997; ALL COUNTY INFORMATION NOTICE (ACIN) I-70-97; AND ERRATAs TO ACIN I-70-97; ALL COUNTY LETTERS No. 98-42, 97-69, AND 97-65

This notice transmits copies and information concerning the California Work Opportunity and Responsibility to Kids (CalWORKs) Immediate Need Payment Request, CW 4 (7/98), and the following forms used by the CalWORKs, Food Stamp, and Medi-Cal/State-Run County Medical Services (CMSP) Programs:

- CW 7 (10/98) Monthly Eligibility Report
- SAWS 7 (10/98) Monthly Eligibility/Status Report
- CW 7A (10/98) How to Fill Out Your CW 7 and SAWS 7

As discussed in ACIN I-70-97, the "CW" forms numbering series is phasing out the "CA" form series. Attachment A provides forms-related information, including instructions for forms modification requests and how to obtain translations, camera-ready copies, and stock. Attachment B contains an outline of the changes to each form.

The CW 4, CW 7, SAWS 7, and CW 7A are revised primarily to incorporate the changes needed by counties to implement the provisions of AB 1542, effective January 1, 1998, regarding the CalWORKs Program. Counties should begin using the CW 7, SAWS 7, and CW 7A no later than December 1998. The CW 4 is reformatted. References to "AFDC" [Aid to Families with Dependent Children], in the County Use Only Section, are replaced by the term "CalWORKs." Counties have the option of depleting current stock of the CA 4 before implementing the CW 4.

The revised CW 7 and SAWS 7 provide informing language regarding cash aid-only rules for self-employed recipients and the new penalties for cash aid welfare fraud. New items 5 and 6 are “YES/NO” questions that require cash aid and/or food stamp recipients to identify household members who are avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, in violation of their parole or probation, and/or convicted drug felons. An individual is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or reasonably should have known that he/she was being sought by law enforcement.

The CW 7A is updated and reformatted to reflect the January 1998 changes for CalWORKs. Additionally, the CW 7A is revised to include information regarding the continuation of health coverage, including Transitional Medi-Cal, after a recipient goes off cash aid.

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 437-3350.
- Food Stamp Program: Donna Morgan at (916) 654-5709/CALNET 464-5709.
- Spanish/Asian/Russian translations: Language Translations Services at (916) 654-1282/CALNET 464-1282.
- Medi-Cal: Kveta Simon at (916) 657-2767/CALNET 437-2767.

Sincerely,

**Original Document Signed By
Charr Lee Metsker on 10/19/98**
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC
Angie Mrva, Department of Health Services

ATTACHMENT A

Forms Designation and Modification of Forms

County Welfare Departments (CWDs) are advised that the forms designation for the CW 4, CW 7, CW 7A, and SAWS 7 is “Required Form - Substitutes Permitted.” CWDs must obtain prior approval from the California Department of Social Services (CDSS) and/or Department of Health Services (DHS) before implementing a modification or substitution to these and other “Substitutes Permitted” forms. For CalWORKs and/or Food Stamp Program 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 proposed Medi-Cal/State CMSP changes to the SAWS 7 or CW 7A, CWDs should forward a change request to the DHS, Medi-Cal Eligibility Branch.

Camera-Ready Copies and Translations

For camera-ready copies of the English and Spanish versions of the forms, counties should call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms and Notice of Form Change (GEN 127) from the CDSS web page at <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Translations will be available in approximately 30 days. For Chinese, Cambodian, Vietnamese, and Russian versions of the forms, call Language Translation Services (LTS) at (916) 657-1282 or CALNET 464-1282. If you need several forms, please fax your request to (916) 657-3429 or e-mail your request to Isu@dss.ca.gov. Your Forms Coordinator now receives all translations as soon as they become available, if your county is on the LTS mailing list. Once you have established an e-mail address, please contact FMU by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

Stock

State-produced stock for the CW 4, CW 7/SAWS 7 and CW 7A is expected to be available 30 to 45 days after the release of this letter. Stock of the Spanish language versions of each form 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), which is issued when stock is available.

ATTACHMENT B

Outline of changes for the CW 4, Immediate Need request Form

- The term “CalWORKs” replaces the term “AFDC” in the County Use Only (CUO) Section.
- The "YES/NO" grids for items 1-8 are reformatted.
- The Certification section: The last line in bullet 2 is updated to “...District Attorney/ Family Support Division regarding child, medical, and spousal support.”

Outline of changes for the CW 7/SAWS 7, Monthly Eligibility/Status Report

Page 1

- Bullet 2 at the top of the page is updated. The narrative regarding the cash aid penalty for a late report is deleted.
- Bullet 1 in the “Certification” section on the 12/96 revisions regarding reporting requirement time frames, is streamlined and relocated to page 1, bullet 3.
- The narrative identifying the household members who need to be addressed on the reporting forms is updated: See bullet 4 at the top of the page on the CW 7, and Part B narrative on the SAWS 7.
- Item 1 is revised: The third sentence in bullet 1 is revised to add “...for each week in the month.” The bullet regarding self-employment is updated to provide separate instructions for cash aid recipients. The subset grid for reporting income is reformatted to tie together the hours worked by a family member, with the gross amount and actual date income is received. The number of days worked during the month is deleted, as this information is no longer necessary.
- Item 3 is revised to streamline the narrative and to reformat the subset grid to parallel the new format in item 1.
- Item 4 is reformatted and the narrative is revised to limit the request for information regarding “paid court ordered child support” to food stamps on the CW 7 and to food stamps and Medi-Cal/State CMSP on the SAWS 7.
- New item 5 is a “YES/NO” question about cash aid or food stamp household members who are felons and who are avoiding or running from the law or in violation of parole or probation. The subset grid requests the name of the individual(s) for a “YES” response.

Page 2

- New item 6 is a “YES/NO” question about identifying cash aid or food stamp household members who have been convicted of certain drug-related felonies. A subset grid requests specific information on all “YES” responses.
- Old item 5 [on the 12/96 revisions] regarding disability/major illness is reformatted and relocated to new item 8, column 2, bullet 4.

- Old items 6 and 7 are renumbered as new items 7 and 8.
- Items in new item 8 are revised: Narrative for bullet 2 in column 1 is reordered. New bullet 3 requests: “School-Age 6 through 17: For Cash Aid Only: Stop or start attending school regularly.” Old bullet 3 regarding school is relocated to new bullet 4, and retitled to "School-Ages 16 or older.” New bullet 5 clarifies that reporting is necessary for “personal or business” [property]. Because of spacing considerations, the “Citizenship/Immigration Status” item is relocated to column 2 and the “Babies” item to column 1.
- The certification section is reformatted, narrative is updated, and some items on the 12/96 versions are either deleted or relocated to the first page as discussed above. The specific penalties for cash aid welfare fraud are updated in column 1.

CW 7A, How to Fill Out Your CW 7 and SAWS 7

The CW 7A is a document used by the eligibility worker at intake to orally discuss with clients the procedures for completing the CW 7 or SAWS 7. The CW 7A may be provided at any other time, such as at recertification or when the recipient has a problem completing the monthly reporting form. Changes to the CW 7A include:

Page 1

- At the top of the form, the fourth sentence in bullet 2 is revised to clarify that: “The date you sign the CW 7/SAWS 7 must be after the last day of the report month that is shown at the top right-hand corner of your form.” Bullet 3 is updated to read: “...to see if you and your household members continue to be eligible.”
- The “WHO MUST SIGN SECTION” is relocated from page 1 to column 1, page 2.
- The third subheading in column 1 is changed from “Penalty of Perjury” to “Certification Section.” Narrative regarding the timeframes for penalty periods is updated. Additional narrative in bold is added: “**See the penalties for cash aid and food stamp welfare fraud in the Certification section on your CW 7/SAWS 7.**”
- In the column 2 on the 12/96 revision, the section “HOW TO FILL OUT PART A ON THE SAWS 7” is reformatted, relocated to column 1, and retitled to “REQUEST TO STOP BENEFITS.”
- The “If self-employed” narrative in item 1, column 2 is updated to reflect the new rules for self-employed recipients who get cash aid. In item 4 regarding paid child support, a second sentence is added “(Report for food stamps and Medi-Cal/State CMSP.)” New items 5 and 6 identify the felon(s) who is avoiding or running from the law, person(s) in violation of probation or parole, and convicted drug felon(s). New item 8, regarding other facts required to be reported, is updated to include “a child ages 6 through 17 getting cash aid who starts or stops attending school regularly” and “anyone getting cash aid or food stamps who starts or stops getting IHSS (In-Home Supportive Services)....” A new paragraph is added regarding the reporting of medical costs for Medi-Cal/State CMSP on the SAWS 7.

- In column 1 the examples of proof for “housing and utility costs” is expanded as it was necessary to delete the definitions for “Housing” and “Utility” costs in column 2 because of spacing considerations.
- The “WHAT WE MEAN WHEN WE SAY” section in column 2 adds definitions for “Avoiding or Running From the Law To Avoid Prosecution, or Custody or Confinement,” “Cash Aid,” and “In Violation of Parole and Probation.” The definition for “Lump Sum” is deleted because of spacing considerations.
- On the SAWS 7 a new section “YOUR HEALTH COVERAGE MAY CONTINUE WHEN YOUR CASH AID STOPS” is added to column 2. The “Do Not Forget!” section is relocated and reformatted. In bullet 1, the word “lowered” is revised to “changed.” Old bullet 3 regarding penalties for late CW 7/SAWS 7s is deleted. New bullet 5 states: “After your cash aid stops, you and your child(ren) may still be eligible for Medi-Cal. See “YOUR HEALTH COVERAGE MAY CONTINUE WHEN YOUR CASH AID STOPS.”

IMMEDIATE NEED PAYMENT REQUEST

Instructions:

- Complete the questions below. Attach proof of eviction or utility shut-off notices.
- You have the right to fill out this form yourself or have someone help you at your request.

County Use Only

Date Received:

Name Case Number (if known) Date of Application (if known)

Social Security Number Worker Number (if known) County of Application

Office of Application (Address-number, street and city)

	YES	NO		YES	NO
1. Do you have an Eviction Notice or notice to pay or quit?			5. Do you need essential clothing, including diapers or clothing needed for cold weather?		
2. Have your utilities been shut off?			6. Do you need help with transportation to get food, clothing, medical care or other emergency item?		
3. Do you have a shut-off notice?			7. Do you have another kind of emergency which threatens your health or safety? If YES, explain:		
4. Will your food run out in three days or less?					

Applicant has been determined:

- To be apparently eligible for CalWORKs
- To be in Immediate Need due to:
 - Eviction Notice
 - Utility Shut-off
 - Utility Shut-off Notice
 - Food
 - Other:

8. Do you have any of the following resources? (Check each box. If "YES", list the amount.)

Resource	YES	NO	Amount/Value	Resource	YES	NO	Amount/Value
Cash			\$	Credit Union Accounts			\$
Savings or Checking Accounts			\$	Other (explain):			
Stocks or Bonds			\$				\$

- Not to be in Immediate Need. Denial Notice provided
- To be eligible for CalWORKs Regular Aid payment
- To be ineligible for CalWORKs

Need met by:

- Resource agency
 - Applicant informed to return to CWD if need not met
- IN Payment

In cases of Eviction applicant has chosen an:

- Immediate Need payment
- Expedited CalWORKs Payment

Applicant requested CWD to complete form
By _____ (Initial)

CERTIFICATION

- I understand I have the right to fill out this form myself or have someone help me at my request.
- I understand and agree that I have to comply with certain eligibility requirements, some of which I may be asked to do before the county issues an Immediate Need payment, such as: giving Social Security Numbers, accepting any income which may be available to me and agreeing to cooperate with the District Attorney/Family Support Division regarding child, medical, and spousal support.
- I 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.

Signature (or mark) of Applicant Date

Signature of Witness to Mark Date

Comments:



MONTHLY ELIGIBILITY REPORT

For Cash Aid and Food Stamps

THIS REPORT IS FOR THE MONTH OF _____

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- You must report **within 5 days** any change that may affect your eligibility for or the amount of your cash aid.
- If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call your worker.

Worker: _____

Phone: _____

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

● If "YES", complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. **Attach paystubs or other proof of earnings.**

● **If self-employed: For Food Stamps:** List business costs on a separate sheet of paper and attach proof of income and costs. **For Cash Aid:** **Attach proof** of income. If you claim actual expenses, list business expenses on a separate sheet of paper and **attach proof** of expenses.

Who Got Income	Employer's Name (✓)	Gross Amount	\$	\$	\$	\$	\$
	<input type="checkbox"/> Job <input type="checkbox"/> Training	Actual Date Received					
		No. of Hours Worked					
Who Got Income	Employer's Name (✓)	Gross Amount	\$	\$	\$	\$	\$
	<input type="checkbox"/> Job <input type="checkbox"/> Training	Actual Date Received					
		No. of Hours Worked					

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

Name of Person Who Received Care	Cost	Name of Person Who Received Care	Cost
	\$		\$

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

Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES", complete below. **Attach proof.**

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

4 If anyone gets food stamps and paid court ordered child support this month, list the amount they paid. Report any changes in the court order. Attach proof. \$

5 Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? If "YES", who: YES NO

COUNTY USE ONLY

E.W. INITIALS

DATE:

6 Has any member of the household been **convicted** of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for crimes committed **after August 22, 1996**. YES NO
If "YES", complete below:

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	DATE DRUG CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR (✓) <input type="checkbox"/> POSSESSION <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> USE <input type="checkbox"/> OTHER: (EXPLAIN)
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7 Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; anyone who died, entered or left a hospital, etc. If "YES", complete below: YES NO

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT CHANGED	DATE OF CHANGE
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8 Does anyone have anything else to report? Include expected changes. Attach proof, including any costs. YES NO
If "YES", complete below:

- Income:** Starts, changes or stops.
- Job/ Training:** Start, stop, quit, refuse a job or training, a change in number of hours or go out on strike.
- School-Ages 6 through 17:** For Cash Aid Only: Stop or start attending school regularly.
- School-Age 16 or older:** Start or stop school or college. Costs for tuition, school transportation, etc.
- Property:** Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc. (personal or business)
- Checking/ Savings:** Open/close a checking or savings account(s) or the balance is different at the end of the month.
- Babies:** Become pregnant, have a baby, abort or miscarry.
- Citizenship/ Immigration Status:** A citizenship or immigration status changes or anyone gets a new card, form or letter from the INS.
- Marital:** Marry, divorce, or separate.
- Disability:** Become disabled or recover from a disability/major illness.
- Medical Costs:** For Food Stamps Only: Anyone who is disabled or age 60 or older may report new medical costs not being used to figure your current allotment.
- Insurance:** Start, stop, or change life, dental or health insurance benefits including MEDICARE coverage.
- IHSS:** Starts or stops In-Home Supportive Services.

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE
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ADDRESS CHANGE Fill in this section ONLY if you have moved or have a new mailing address. And if you get food stamps, attach proof of your new housing costs, such as rent and utility receipts/bills.

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

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than \$400 in cash aid, food stamps, and/or Medi-Cal/State CMSP is wrongly paid out **AND** I may be given:

PENALTIES FOR CASH AID WELFARE FRAUD: If on purpose I do not follow cash aid rules, my cash aid can be lowered for a period of time and I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years. My cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third.
- For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, or forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR FOOD STAMP FRAUD: If on purpose 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. 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 gave the county false identity or residence information, so I can get food stamps in more than one case at the same time, my food stamps can be stopped for 10 years.

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

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

WHO MUST SIGN BELOW: For Cash Aid: you, your spouse and the other parent (of cash aided children) if living in the home.
For Food Stamps: the head of household, a household member or the household's authorized representative.

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

HOW TO FILL OUT YOUR CW 7 or SAWS 7

- **Save this notice and use it to help you fill out your CW 7 (Monthly Eligibility Report) or SAWS 7 (Monthly Eligibility/Status Report). If you need help filling out your report, tell your worker.**
- **Answer each question on the report. If you say “YES”, you must give more facts and attach proof when we ask for it. Sign and date the CW 7/SAWS 7 in item ⑨. The date you sign the CW 7/SAWS 7 must be after the last day of the report month that is shown at the top right-hand corner of your form.**
- **The county uses the facts you give on your report to see if you and your household members continue to be eligible for benefits and to figure the amount of aid or benefits you should get.**

**HOW OFTEN YOU MUST COMPLETE A CW 7/SAWS 7**

You must turn in a complete CW 7/SAWS 7:

- For Cash Aid and Food Stamps: every month.
- For Medi-Cal Quarterly Reporting and State-Run County Medical Services Program (CMSP): only when the county sends or gives you one.

REPORTING FOR PERSONS WHO ARE LIVING IN YOUR HOME**If Your Family Gets Cash Aid (No Food Stamps), Report Facts for:**

- All children - natural, adopted, stepchildren.
- All parents - natural, adopted, stepparents.
- Other aided relatives of the children.
- Yourself and your spouse.
- Anyone who is temporarily absent from the home.

If Your Household Gets Cash Aid and Food Stamps or Food Stamps Only, Report Facts for:

- All children
- All related adults.
- Others who buy or prepare food with you.

If You Get Medi-Cal/State CMSP, Report Facts for:

- Your children - natural, adopted, stepchildren.
- Children's parents - natural, adopted, stepparents.
- Yourself and your spouse.

CERTIFICATION SECTION

- You sign the report “under penalty of perjury.” This means that you swear under oath that the facts you give us are true, correct, and complete.
- Perjury and Fraud are crimes. If **on purpose** you give us facts that are not true, correct, and complete, you will be investigated for fraud and:
 - You can be legally prosecuted with penalties of a fine, jail/prison, or both. You can be charged with a felony if you get more than \$400 in cash and/or benefits wrongly paid out to you.
 - Your cash aid and food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, or forever. **See the penalties for cash aid and food stamp welfare fraud in the Certification section on your CW 7/SAWS 7.**
 - You may have to pay back any cash aid, food stamps, or Medi-Cal/State CMSP you should not have gotten.

Request to Stop Benefits

- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or may need to pay a share of cost for it.
- **On the SAWS 7**, complete Part A only when you want to stop any of your benefits. Check what benefits you want stopped and tell us the date you want them stopped. You must sign and date the SAWS 7 in item ⑨.

FACTS YOU MUST REPORT FOR EACH QUESTION**For Item Number:**

- ① Any earnings and training allowances anyone got. List the name of the person(s) who got the income/training allowances, the hours they worked, gross amount received and the actual date received. If self-employed, and if you claim actual expenses for cash aid, list all business expenses on a separate sheet of paper. If you get cash aid (and no food stamps) and you told the county you wanted to figure your business costs by using a standard 40 percent deduction of your verified income, you do not need to report your business costs.
- ② Costs for child care or for care of a disabled person or other adult while working, seeking work, or in training.
- ③ Any other money anyone got, such as: Child or spousal support, Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Unemployment/Disability Insurance, lottery winnings, lump sum, etc. List who got the income, gross amount, and date received.
- ④ Any court ordered child support you paid and any changes to the court order. (Report for food stamps and Medi-Cal/State CMSP).
- ⑤ Facts about any member(s) in the cash aid family or food stamp household who is avoiding or running from the law to avoid a felony prosecution, or custody or confinement after a felony conviction, or in violation of a condition of their parole or probation.
- ⑥ Facts about any member of the cash aid or food stamp household who has been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s). Give facts:
 - **for food stamps**, for crimes and convictions after 8/22/96;
 - **for cash aid**, for crimes after 8/22/96 and convictions on or after 1/1/98.
- ⑦ Facts about anyone who moves into or out of your home. If someone moves into someone else's home, explain whose home and relationship. Include temporary absences from the home.
- ⑧ Other facts that could change your eligibility or the amount of your benefits, like starting or stopping a job, school or training; changes in the balances in your checking/savings accounts; buying or selling something; a change in immigration status; a child ages 6 through 17 getting cash aid who starts or stops attending school regularly; anyone getting cash aid or food stamps who starts or stops getting IHSS (In-Home Supportive Services); or anything else. Include any changes you expect to happen in the next 30 days. If you get Food Stamps and you are disabled or age 60 or older, you **may report new** medical costs not being used to figure your current allotment. On the SAWS 7, if you get Medi-Cal/State CMSP, report medical costs that were due to an injury/accident caused by someone else.

ADDRESS CHANGE: Give us any changes in your address or phone number.

SEE OTHER SIDE FOR MORE INFORMATION

PROOF

You Must Send in Proof Only When We Ask for It, Such As:

- For earnings or training allowances.
- For costs for care of a child or disabled adult.
- When money or benefits start, stop, or the amount changes.
- When there is a change in the court order or the amount of court ordered child support payments you pay.
- When your health insurance starts, stops, or changes.
- If you move and get food stamps, include proof of your new housing and utility costs.
- When you get married or divorced, become pregnant, or have a baby.

Examples of Proof for Income and Training Allowances:

- Original paystubs that show the name of the employer and the person who worked, the gross amount of pay before deductions, dates of the pay period, etc.
- If self-employed: Copies of quarterly/annual income tax reports, monthly profit and loss statements, etc.
- Copies of checks, award letters, loan papers, or other papers that show where the money came from, the amount owed or received, and the name of the person who got or will get the money, benefit, or free item, such as housing or utilities.

Examples of Proof for Expenses/Costs:

- **If self-employed:** copies of signed receipts, cancelled checks, statement(s) of charges from the person/firm providing an item(s) or service(s).
- **For care** of a child, or other dependent so someone can go to work or training: attach copies of receipts, bills, or cancelled checks that show the cost of the care and the names of the persons who received care, who paid for the care, and who gave the care.
- **For housing and utility costs:** receipts or bills for rent, mortgage payment; insurance and property taxes when they are not part of your mortgage payment; heating, cooling, phone bills, etc.
- **For college or trade school:** copies of statement(s) from school or an award letter showing financial aid, tuition, fees, and other school costs.

Examples of Other Proof:

- **For pregnancy:** copy of the doctor's or clinic's statement that gives the mother's name and the date the baby is due.
- **For changes in citizenship/immigration status:** a copy of a letter, form, or new card from the Immigration and Naturalization Service (INS).
- **For marriage or divorce:** a copy of a marriage license or divorce papers.

WHO MUST SIGN THE REPORT

- **For Cash Aid:** you and your spouse and/or the other parent (of the aided children) if living in the home.
- **For Food Stamps:** the head of household, an adult household member, or the household's authorized representative.
- **For Medi-Cal/State CMSP:** the applicant, applicant's spouse or the person acting for the beneficiary.
- **And** any other person who fills out the report, an interpreter, or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

AVOIDING OR RUNNING FROM THE LAW TO AVOID PROSECUTION, OR CUSTODY OR CONFINEMENT: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts the law was looking for them.

CASH AID: CalWORKs (California Welfare Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

CONTROLLED SUBSTANCE: Any drug whose availability is restricted by federal or state law, including, but not limited to, narcotics, stimulants, depressants, hallucinogens, and marijuana.

COMPLETE CW 7/SAWS 7: A CW 7/SAWS 7 is "complete" only when:

- all the YES/NO questions are answered, **and**
- all the information is filled in, **and**
- all proof is attached when we ask for it, **and**
- all required signatures are on the form, **and**
- the form is signed and dated after the last day of the report month.

COURT ORDERED CHILD SUPPORT: The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

GROSS AMOUNT: The amount of your paycheck before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PAROLE OR PROBATION: Parole/probation was revoked or an arrest warrant was issued. The original crime for which parole/probation was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown at the top right-hand corner of page one of the CW 7/SAWS 7.

STATE CMSP: Medically necessary benefits for eligible adults who are not eligible for Medi-Cal and who live in some rural counties.

YOUR HEALTH COVERAGE MAY CONTINUE WHEN YOUR CASH AID STOPS

If you choose to go off cash aid, tell your worker the reason you are stopping your cash aid. Here's why:

- **You and/or your child(ren) may be eligible for continued no cost health coverage** depending on the reasons your cash aid stops and/or other facts in your case.
- **You and/or your child(ren) may be eligible for no cost health coverage under the Transitional Medi-Cal program (TMC)** if you go off cash aid because your earnings went up. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. You may also be eligible for TMC if your cash aid stops because you get married or your spouse returns to the home.

You can tell the worker why you want to stop your cash aid by:

- Filling out and returning your CW 7/SAWS 7 or the TMC Request Form for Working Persons, OR
- Calling the county.

DO NOT FORGET!

- **If your report is late, not complete, or not turned in, your benefits may be late, changed or stopped.**
- **If your report is not complete when you turn it in, you will be asked to complete it again.**
- **If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.**
- **If you are not sure how to report, what to report, or what proof you need to send in, ask your worker.**
- **After your cash aid stops, you and your child(ren) still may be eligible for health coverage under Medi-Cal. See "YOUR HEALTH COVERAGE MAY CONTINUE WHEN YOUR CASH AID STOPS."**



MONTHLY ELIGIBILITY/STATUS REPORT

**For Cash Aid, Food Stamps and Medi-Cal/State-Run
County Medical Services Program (CMSP)**

THIS REPORT IS FOR THE MONTH OF _____

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions in Part B below and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- You must report **within 5 days** any change that may affect your eligibility for or the amount of your cash aid or **within 10 days** of any change that may affect your eligibility or share of cost for Medi-Cal/State CMSP.
- **Important:** If you don't want cash aid, food stamps and/or Medi-Cal/State CMSP anymore, fill in PART A below, sign and date Item ⑨.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call your worker.

Worker: _____

Phone: _____

PART A Request to Stop Benefits (If you fill in this part, sign and date Item ⑨ on the back of this form. You can reapply at any time.)			
I ask that my <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> State CMSP be stopped on the last day of: _____ MONTH/YEAR			
PART B If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid and/or Medi-Cal/State CMSP, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.			
① Did anyone get money from a job or training program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
● If "YES", complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. Attach paystubs or other proof of earnings.			
● If self-employed: For Food Stamps and Medi-Cal/State CMSP: List business costs on a separate sheet of paper and attach proof of income and costs. For Cash Aid: Attach proof of income. If claiming actual expenses, list business expenses on a separate sheet of paper and attach proof of costs.			
WHO GOT INCOME	EMPLOYER'S NAME (✓) <input type="checkbox"/> JOB <input type="checkbox"/> TRAINING	GROSS AMOUNT ACTUAL DATE RECEIVED NO. of HOURS WORKED	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
WHO GOT INCOME	EMPLOYER'S NAME (✓) <input type="checkbox"/> JOB <input type="checkbox"/> TRAINING	GROSS AMOUNT ACTUAL DATE RECEIVED NO. of HOURS WORKED	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
② If anyone above paid for care of a child, disabled person or other dependent while working, seeking work, or in training, list here and attach proof of payment.			
Name Of Person Who Received Care	Cost	Name Of Person Who Received Care	Cost
_____	\$ _____	_____	\$ _____
③ Did anyone receive money or benefits from any other source? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/ State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES", complete below. Attach proof.			
WHO GOT INCOME	SOURCE OF INCOME	GROSS AMOUNT DATE RECEIVED	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
WHO GOT INCOME	SOURCE OF INCOME	GROSS AMOUNT DATE RECEIVED	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
④ If anyone who gets food stamps or Medi-Cal/State CMSP and paid court ordered child support this month, list the amount they paid. Report any changes in the court order. Attach proof. \$			
⑤ Is any member in the cash aid or food stamp household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? If "YES", who: <input type="checkbox"/> YES <input type="checkbox"/> NO			

COUNTY USE ONLY

E.W. INITIALS

DATE:

6 Has any member of the cash aid and/or food stamp household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for crimes committed after August 22, 1996. If "YES", complete below: YES NO

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	DATE DRUG CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR (✓) <input type="checkbox"/> POSSESSION <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> USE <input type="checkbox"/> OTHER: (EXPLAIN)
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7 Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; anyone who died, entered or left a hospital, etc. If "YES", complete below: YES NO

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT CHANGED	DATE OF CHANGE
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8 Does anyone have anything else to report? Include expected changes. Attach proof, including any costs. If "YES", complete below: YES NO

- **Income:** Starts, changes or stops.
- **Job/ Training:** Start, stop, quit, refuse a job or training, a change in number of hours, or go out on strike.
- **School-Ages 6 through 17:** For Cash Aid Only: Stop or start attending school regularly.
- **School-Age 16 or older:** Start or stop school or college. Costs for tuition, school transportation, etc.
- **Property:** Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc. (personal or business).
- **Checking/ Savings:** Open/close a checking or savings account(s) or the balance is different at the end of the month.
- **Babies:** Become pregnant, have a baby, abort or miscarry.
- **Citizenship/ Immigration Status:** A citizenship or immigration status changes or anyone gets a new card, form or letter from the INS.
- **Marital:** Marry, divorce, or separate.
- **Disability:** Become disabled or recover from a disability/major illness.
- **Medical Costs:** For Food Stamps Only: Anyone who is disabled or age 60 or older may report new medical costs not being used to figure your current allotment. For Medi-Cal/State CMSP Only: Medical costs that were due to an injury or accident caused by someone else.
- **Insurance:** Start, stop, or change life, dental or health insurance benefits including MEDICARE coverage.
- **IHSS:** Starts or stops getting In-Home Supportive Services.

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE
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ADDRESS CHANGE

Fill in this section ONLY if you have moved or have a new mailing address. And if you get food stamps, attach proof of your new housing costs, such as rent and utility receipts/bills.

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

CERTIFICATION

I understand that: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than \$400 in cash aid, food stamps, and/or Medi-Cal/State CMSP is wrongly paid out AND I may be given:

PENALTIES FOR CASH AID WELFARE FRAUD: If on purpose I do not follow cash aid rules, my cash aid can be lowered for a period of time and I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years. My cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third.
- For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, or forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR FOOD STAMP FRAUD: If on purpose 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. 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 gave the county false identity or residence information, so I can get food stamps in more than one case at the same time, my food stamps can be stopped for 10 years.

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

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

WHO MUST SIGN BELOW:

For Cash Aid: you, your spouse and the other parent (of cash aided children) if living in the home.
For Food Stamps: the head of household, household member or the household's authorized representative.
For Medi-Cal/State CMSP: you, your spouse, or the person acting for the beneficiary.

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