

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street

Sacramento, California 95814

October 30, 1974



ALL-COUNTY LETTER NO. 74-215

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - NEW FORM WR 2(A), SUPPLEMENTAL STATEMENT
OF FACTS TO SUPPORT FOOD STAMP CERTIFICATION

REFERENCE: Manual Sections 63-403.1 and 63-907
Instructions on Form WR 2

Attached are copies of the new State Form WR 2(A), Supplemental Statement of Facts to Support Food Stamp Certification. This form may be used to support food stamp certification for any Assistance Household (as defined in Section 63-302.341) which requests food stamps and already has on file a current WR 2 form that was completed in establishing the household's eligibility for public assistance.

Please refer to Department of Benefit Payments Manual Letter No. 18, dated September 13, 1974, which transmitted instructions for completing the WR 2(A). Temporary FNS approval for the use of this form has been extended through November 30, 1974.

We expect these forms to be ready soon for ordering by counties in the usual manner. Meantime, you may photocopy sufficient supplies to meet your department's needs.

Please direct any questions to Richard Havnen at (916) 445-6907.

Sincerely,

DENNIS O. FLATT
Deputy Director

Attachment

cc: FNS, USDA
CWDA

OBSOLETE

Superseded by

A.C.L.

76-27

Issued

2-13-76

STATEMENT OF FACTS TO SUPPORT FOOD STAMP CERTIFICATION SUPPLEMENT

For use by any public assistance household when requesting food stamp participation other than at the time a WR 2 is required for public assistance eligibility determination.

(Complete all items. If the only answer is "None" write "None" in the blank provided. If the item does not apply to you, write "Not Applicable" or "N/A.")

COUNTY USE ONLY	
COUNTY	
CASE NUMBER	
PUBLIC ASSISTANCE CASE NUMBER(S)	

WHEN YOU APPLY FOR FOOD STAMPS AND AT INTERVALS THEREAFTER, IF APPROVED, YOUR STATEMENTS MAY BE VERIFIED AND YOU WILL BE ASKED TO PRODUCE VARIOUS BILLS, RECEIPTS, PAYMENT RECORDS, BANK OR SAVINGS PASS BOOKS, AND SIMILAR ITEMS TO SUPPORT YOUR STATEMENT OF FACTS..

I. NAME OF APPLICANT (The person requesting Food Stamps)

(PLEASE PRINT LAST NAME, FIRST NAME AND MIDDLE INITIAL)	MAIDEN NAME	TELEPHONE NUMBER OR NUMBER WHERE MESSAGES MAY BE LEFT
HOME ADDRESS (STREET NUMBER, STREET NAME, CITY, ZIP CODE, AND DIRECTIONS TO HOUSE)		
MAILING ADDRESS IF DIFFERENT THAN ABOVE	BIRTHDATE OF HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER OF HEAD OF HOUSEHOLD

NAME OF HEAD OF HOUSEHOLD IF DIFFERENT FROM APPLICANT
(PLEASE PRINT LAST NAME, FIRST NAME AND MIDDLE INITIAL) - (ADDRESS IF DIFFERENT FROM ABOVE)

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II. THE FOLLOWING PERSONS RESIDE IN MY HOME
(If additional space is needed, write on back side)

A. LIST ALL HOUSEHOLD MEMBERS OTHER THAN APPLICANT OR HEAD OF HOUSEHOLD (Do not list Boarders, Roomers, Attendants, Day Care Children, or SSI/SSP Recipients)	SOCIAL SECURITY NUMBER	AGE	RELATIONSHIP TO APPLICANT OR HEAD OF HOUSEHOLD (Daughter, Son, Aunt, Uncle, Sister, Brother, Spouse, etc.)	MEMBER RECEIVES WELFARE	
				YES	NO
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>

B. LIST ALL OTHER PERSONS RESIDING IN YOUR HOME. (Include; Boarders Roomers, Attendants, Day Care Children, SSI/SSP Recipients, etc.)	AGE	INDICATE WHETHER PERSON IS BOARDER, ROOMER, ATTENDANT, DAY CARE CHILD, ETC.	IF PAYING BOARD AND/OR ROOM, AMOUNT PAID	RECEIVES SSI/SSP	
				YES	NO
			\$	<input type="checkbox"/>	<input type="checkbox"/>
			\$	<input type="checkbox"/>	<input type="checkbox"/>
			\$	<input type="checkbox"/>	<input type="checkbox"/>
			\$	<input type="checkbox"/>	<input type="checkbox"/>
			\$	<input type="checkbox"/>	<input type="checkbox"/>

- III. 1 I/We have cooking facilities in my/our home. Yes No
- 2 All members living in my/our household share food purchase and preparation. Yes No
- 3 I/We would like the cost of Food Stamps withheld from my/our grant (If county provides this service). Yes No

- IV. 1 I/We pay \$_____ per month for **medical expenses other than** special diets, e.g., (medical transportation, private medical insurance, social security medical insurance, etc.)
- 2 I/We pay or owe \$_____ per month for repair or replacement of uninsured loss or damage to home or personal property as a result of **vandalism, theft, fire, flood, earthquake, storm, etc.**
- 3 I/We pay or owe \$_____ per month for funeral expenses incurred for a former member of the household.
- 4 I/We pay or owe \$_____ per month for tuition and mandatory fees for school expenses for the following members of the applicant household attending school:

NAME	TUITION	FEES
A.	\$	\$
B.	\$	\$
C.	\$	\$

- 5 My/our monthly income has been garnisheed (attached); as a result \$_____ is deducted each month for bill(s) **incurred for the following purposes** (explain):

V. Cost of housing and utilities

- 1 I/We pay \$_____ per month for house or rent payments (including property taxes, home owner's insurance and trailer space rental).
- 2 I/We pay \$_____ per month for telephone basic service fee.
- 3 I/We pay \$_____ average per month for utilities (gas, water, electricity, garbage, etc.). Do not include utility expenses included in rent or house payments.
- 4 I/We pay \$_____ in annual license fees for a trailer in which we are living.
- 5 I/We pay \$_____ per month for special assessments required by law (explain):

NOTE: If an SSI/SSP (Supplemental Security Income) recipient resides in your home and is paying any part of the above listed housing expenses, indicate in the following spaces the amount of his or her monthly payments.

Rent or house payments \$ _____

Telephone Expense \$ _____

Utility Expense Payments (gas, water, electricity, garbage, etc.) \$ _____

Other (explain) _____ \$ _____

VI. If eligible for Food Stamps, I would like to purchase (check one):

- 1 TWICE A MONTH 2 ONCE A MONTH

VII. Do you have use of a credit card or charge account in the name of any person who is not living in your household? If Yes, complete the following: Yes No

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TYPE OF ACCOUNT/CREDIT CARD - ACCOUNT NUMBER	AMOUNT YOU MAY CHARGE PER MONTH	MUST YOU REPAY THIS AMOUNT TO ANYONE? (Y)
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. List below all persons for whom you are applying for Food Stamps between the ages of 18 and 65 who are not working and who are unable to accept work and tell why, for example: physically disabled, students; persons caring for dependent children, etc. Any person who is meeting the AFDC work registration requirement is considered to be meeting the food stamp work registration requirement. All other persons in applicant household must register at the Employment Development Department. You will be given copies of work registration forms at the time of application. Complete one (1) for each able-bodied member of your household not registered through AFDC. If additional copies are required, ask for them and complete them before your interview. (Do not complete a work registration form for unrelated boarders, roomers, or persons employed at least 30 hours per week or persons unable to accept work who are listed below.) A new registration is required with Food Stamp application unless you are registered through AFDC.

NAME OF PERSON UNABLE TO ACCEPT WORK			REASON(S) WORK CANNOT BE ACCEPTED
Last	First	Middle Initial	
1			
2			
3			
4			

IX. DESIGNATION OF AUTHORIZED REPRESENTATIVES

I am the head of the household (or spouse) and I wish to designate a person to purchase stamps and/or food in the event I cannot. If Yes, complete the following: Yes No

FIRST AND LAST NAME OF REPRESENTATIVE	ADDRESS OF REPRESENTATIVE IF OUTSIDE HOUSEHOLD

AUTHENTICATION

I agree to notify the welfare department at once if there are any changes in my (and members of my household living with me) source and amount of income, real property holdings, personal possessions or expenses, the number of persons in my household (including unrelated adults) living with me, or any change of address, employment or training status.

I also agree that if granted Food Stamps, members of my household will use the stamps only in accordance with regulations of the United States Department of Agriculture, I realize that I may be prosecuted, under civil or criminal penalty, for fraudulent acquisition and use of Food Stamps and Authorization to Purchase cards.

I realize that deliberate misrepresentation or concealment of facts may constitute fraud, for which I may lose my Food Stamp benefits and be prosecuted under the law.

I understand that if I am dissatisfied with the decision of the county concerning my application for Food Stamps and aid, I have a right to appeal to the Department of Benefit Payments, 744 P Street, Sacramento 95814.

I understand that my statements on this form are subject to verification and investigation on a sample basis and that my signature on this form constitutes authorization for such an investigation.

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE OR MARK OF APPLICANT (HEAD OF HOUSEHOLD, SPOUSE OR AUTHORIZED REPRESENTATIVE) (IF YOU USE A MARK, ONE WITNESS MUST SIGN BELOW)	PLACE	DATE
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If an authorized representative is the applicant, the written authorization of head of household or spouse must be attached.

SIGNATURE OF WITNESS	PLACE	DATE
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SIGNATURE OF WORKER COMPLETING CERTIFICATION	DATE
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