

**DEPARTMENT OF BENEFIT PAYMENTS**  
744 P Street, Sacramento, CA 95814

January 27, 1975

ALL-COUNTY LETTER NO. 75-22

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISION OF FORM WR 7 (MONTHLY AFDC ELIGIBILITY AND INCOME REPORT)

REFERENCE:

Attached is the revised Form WR 7 (Monthly AFDC Eligibility and Income Report). An advance copy is being provided to allow sufficient lead time to counties with special vendor needs and to facilitate planning for implementation. You will be notified in the normal manner (via Notice of Form Change) when the new form is available from Central Stores. This should be in April.

A Spanish translation of the revised WR 7 is being developed and will be available soon.

The revised form is the product of a state/county task force and includes input from all counties (via ACL #74-120), the CWDA and various community organizations. The task force concentrated its energies on simplifying language and format to secure maximum recipient understanding and compliance, incorporating corrective action components and updating the form to reflect ongoing changes.

Other noteworthy changes on the new WR 7, developed and reviewed by the task force, include:

1. Consolidation of the sections requesting income information;
2. Removal of the payroll "deductions" space within the work expenses section;
3. Development of a separate section to solicit information on the educational and employment status of children 16-20 living in the home;

**OBSOLETE**Superseded by ACL 77-15  
Issued 3-17-77

4. Providing for a recipient home address in addition to the mailing address, and
5. Enhancing the numbered statements and response boxes.

The other WR forms which are being revised (WR 2, 2.1, 2.2, 3) will also be available to you shortly.

Sincerely,



DENNIS O. FLATT  
Deputy Director

Attachment

cc: CWDA

## MONTHLY AFDC ELIGIBILITY AND INCOME REPORT

CHANGES TO STATEMENT OF FACTS (WR 2)

THIS REPORT IS FOR THE MONTH OF:

Complete and return this form AFTER THE LAST DAY OF:

*This form is needed to redetermine your eligibility and grant amount.*

**IMPORTANT: FILL THIS FORM OUT COMPLETELY, SIGN, AND MAIL TO THE WELFARE DEPARTMENT, IN THE ENCLOSED STAMPED ENVELOPE. IF THIS FORM IS NOT RETURNED TO THE WELFARE DEPARTMENT BY THE 5TH OF THE MONTH AFTER THE MONTH SHOWN ABOVE, YOU MUST REPORT TO THE OFFICE ADDRESS BELOW FOR A PERSONAL MEETING BY THE 10TH OF THE MONTH AFTER THE MONTH SHOWN ABOVE.**

## 1. I/WE RECEIVED INCOME, MONEY, OR BENEFITS THIS MONTH.

 YES       NO

If "Yes," list all income and explain below. Income includes EARNINGS (salary, wages, tips, commissions and bonuses); UNEMPLOYMENT INSURANCE/DISABILITY INSURANCE, workers' compensation, strike benefits, training incentive (CETA); SOCIAL SECURITY/RAILROAD RETIREMENT, supplemental security income (SSI), pensions, business, farm, rental; CHILD SUPPORT, contributions (UAM, stepfather, others), free housing/utilities/food/clothing; MILITARY BENEFITS, settlements, tax refunds, loans and grants, gifts, and any other money you receive.

WHO RECEIVED INCOME, MONEY, OR BENEFITS	SOURCE OF INCOME, MONEY, OR BENEFITS (if earnings, list employer)	DATE(S) RECEIVED	AMOUNT (\$) (before deductions)
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If anyone who received income above PAID support under court order this month, indicate the AMOUNT (\$).

## WORK EXPENSES: COMPLETE FOR EARNED INCOME ONLY.

(If you are self-employed, attach a separate sheet of paper, if needed, and explain your business expenses.)

PERSON CLAIMING EXPENSES	TAX EXEMPTIONS CLAIMED	DAYS WORKED	HOURS WORKED	TRANSPORTATION EXPENSES				CHILD CARE EXPENSE (ATTACH RECEIPTS)	OTHER WORK EXPENSES	
				METHOD (CAR, CARPOOL, BUS, ETC.)	DAYS USING THIS METHOD	ROUND TRIP	DAILY COST		ADDITIONAL FOOD, CLOTHING, OR PERSONAL INCIDENTALS TOOLS, LICENSES, MATERIALS OR UNION DUES (ATTACH RECEIPTS)	AMOUNT
								\$		\$
								\$		\$
								\$		\$
								\$		\$

YOU MUST SEND ALL PAY STUBS FOR EARNED INCOME WITH THIS FORM.

COUNTY USE ONLY

AFTER ANSWERING ALL QUESTIONS, YOU AND YOUR SPOUSE OR OTHER PARENT OF THE CHILD(REN) LIVING IN THE HOME, MUST SIGN THE FORM MAKE A MARK, A WITNESS MUST ALSO SIGN BELOW. AN INTERPRETER OR SOMEONE COMPETENT IN LEGAL PROSECUTION THIS FORM FOR YOU MUST SIGN THE FORM OF INFORMATION OR MISREPRESENTATION OF FACT CAN RESULT IN LEGAL PROSECUTION WHEN SIGNING UNDER PENALTY OF PERJURY. DOUBT EXISTING TO REPORT ANY CHANGE.	
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT	
DATE SIGNED	TELEPHONE
SIGNATURE (OR MARK)	
LIVING IN THE HOME SIGNATURE OF SPOUSE OR OTHER PARENT	
MAILING ADDRESS (NUMBER, STREET, CITY, ZIP) LIVING IN THE HOME	
HOME ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) SIGNATURE OF WITNESS, INTERPRETER, OR PERSON COMPLETING FORM FOR RECPIENT	
IF ANY UNEXPECTED CHANGES OCCUR, YOU STILL MUST CONTACT YOUR LEGALITY WORKER IMMEDIATELY	

SHOW ANY EXPECTED CHANGES IN YOUR HOUSEHOLD, EMPLOYMENT, INCOME OR PROPERTY NEXT MONTH.

"If 'yes', explain below, include new address, telephone, medical/heath insurance; changes in housing or utilities costs and YOUNGEST CHILD HAVING 6TH BIRTHDAY NEXT MONTH. Also include information on the identity of whereabouts of an absent parent(s). Neither you nor your children can be denied assistance because you fail to provide information on the identity of whereabouts of an absent parent(s) of an absent parent(s).

5.1.1/WE HAVE OTHER INFORMATION TO REPORT.

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A. Explain below any change in cash, checking or savings account, safe deposits, stocks, or other (liquid) assets such as bonds, notes, sales contracts, mortgages, or trust deeds. List the **total** current value of each item that changed during the month.  
B. Explain below any change in cash, checking or savings account, safe deposits, stocks, or other (liquid) assets such as bonds, notes, sales contracts, mortgages, or trust deeds. List the **total** current value of each item that changed during the month.  
C. Explain below any change in cash, checking or savings account, safe deposits, stocks, or other (liquid) assets such as bonds, notes, sales contracts, mortgages, or trust deeds. List the **total** current value of each item that changed during the month.

4. HAVE YOU HAD A CHANGE IN REAL OR PERSONAL PROPERTY THIS MONTH?

4. I/WE HAD A CHANGE IN REAL OR PERSONAL PROPERTY THIS MONTH.

ON	IN	OUT	IN	OUT

NAME	AGE	Regularity Attending School or Training	Program (list name of school or program)	Units/Hours per week	Explaining Employment Situation If Child Is Not Attending School or Training
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3. I/WE HAVE CHILDREN 16-20 LIVING IN THE HOME.

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12. I/WE HAD CHANGES IN THE HOUSEHOLD OR FAMILY THIS MONTH.