

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



February 8, 1993

ALL COUNTY LETTER NO. 93-10

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: Green v. Anderson (Relocation Family Grant - RFG)

REFERENCES: ACIN I-49-92, I-54-92, ACL 92-98, 92-115

On January 28, 1993, the U.S. District Court in Sacramento issued a preliminary injunction (see attached) prohibiting the California Department of Social Services (CDSS) from utilizing Manual of Policy and Procedures (MPP) Section 89-402.4 (Welfare and Institutions Code 11450.03). This section provides that the county pay applicants who have not resided in California for a year prior to application, the maximum aid payment of the prior state of residence, or the California computed grant, whichever is less. The effect of the Court's ruling is to extend the requirement that new applicants be paid the California computed grant. This is the treatment required by the Temporary Restraining Order issued December 22, 1992.

We will continue to litigate this case. You are no longer required to flag any RFG cases. We will inform you if flagging becomes necessary. Those cases which had previously received a lower grant level due to RFG are to be retained in a fashion which will enable their recall. Any further retention instructions will be in the semi-annual records retention All County Letter.

We will continue the regulations development process and plan to finalize the regulations by June 1, 1993. Pending a positive outcome of future litigation, these regulations shall not be implemented.

FORMS-RELATED ISSUES

This letter also transmits the English and Spanish versions of the BC JA 2 (11/92), Statement of Facts Cash Aid and Food Stamps, and the BC CA 8 (11/92), Statement of Facts to Add Additional Persons. The BC CA 30, AFDC Budget Worksheet, was transmitted in ACIN I-54-92. NOTE: The "BC" designation for "Budget Change" was used to distinguish the forms from those developed for the Welfare Reform Demonstration Project (WRDP) and was used before the term Assistance Payment Demonstration Project (APDP) was finalized.

STOCK

Stock of the BC JA 2 (11/92), the BC CA 8 (11/92), and the BC CA 30 (11/92) is available in the CDSS Warehouse. Use stock of these 11/92 revisions until otherwise notified by us. However, counties that have opted to use up old stock of the the JA 2 (4/90), or CA 8 (2/84) are required to continue using the BC JA 2 SUP, Supplemental Statement of Facts Cash Aid and Food Stamps. Counties that need camera-ready copies of the forms in English or for the BC JA 2 or BC CA 8 in Spanish may call the Forms Management Bureau at (916) 657-1907.

IMPLEMENTATION ISSUES

When the applicant/recipient completes the relocation question on the BC JA 2 or the BC CA 8, you are no longer required to take any action on the information provided, e.g., determining if the relocation family grant applies, calculating the RFG, flagging the case, etc.

TRANSLATIONS

The Language Services Bureau has already transmitted copies of the BC JA 2 in Cambodian and Chinese and the BC CA 8 in Cambodian, Chinese, and Lao. When available the Vietnamese translations of the BC JA 2 and BC CA 8 and the Lao translation of the BC JA 2 will be forwarded to each the County Forms Coordinator.

If you have any questions or need further information regarding this Court Order or its implementation, please call Mr. Vincent Toolan at (916) 654-1808. For information concerning the forms discussed in this letter, please contact Elizabeth Alired, (916) 657-3350. For questions relating to translations, please contact Armand Herra, Language Services Bureau, at (916) 654-1286.

Sincerely,



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

FILED

JAN 28 1993

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

DESHAWN GREEN, DEBBY VENTURELLA,
and DIANA P. BERTOLLT, on behalf
of themselves and all others
similarly situated.

Plaintiffs,

Civ. S-92-2118

v.

MEMORANDUM OF DECISION
AND ORDER

ELOISE ANDERSON, CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES,
THOMAS HAYES,

Defendants.

Plaintiffs are California residents who have moved or
relocated to the State of California within the past twelve months
and seek welfare benefits under the Aid to Families with Dependent
Children ("AFDC") program.¹ California recently enacted a
durational residency requirement of one year for full AFDC

¹ AFDC is a cooperative federalism program created by the Social Security Act of 1935. 42 U.S.C. §§ 601-609 (1982). AFDC benefits are financed jointly by the federal government and the states. The program is administered by the states under a plan approved by the Secretary of Health and Human Services. 42 U.S.C. § 601 (1982). Subject to certain limitations in federal law, the states have the power to set the standard of need and level of benefits. *King v. Smith*, 392 U.S. 309, 334 (1968); *Largo v. Sunn*, 825 F.2d 205, 208 (9th Cir. 1987).

benefits; until the applicant for AFDC has resided in the state for twelve consecutive months, the applicant's level of benefits may not exceed what the family would have received in the state of prior residence. Cal. Welf. & Inst. Code § 11450.03 (West Supp. 1992).² The residency requirement became effective upon approval by the United States Secretary of Health and Human Services. The Secretary gave approval on October 29, 1992,³ and the California Department of Social Services began applying the residency limitation shortly thereafter.

Plaintiff Deshawn Green was a Sacramento resident for twelve years and then moved to Louisiana in 1985. She had two children in Louisiana. In December 1992, Green decided to move back to California where her mother lives. The full monthly California AFDC grant for a family of three is \$624; under the two tier

section 11450.03 of the Welfare and Institutions Code provides:

Notwithstanding the maximum aid payments specified in paragraph (1) of subdivision (a) of Section 11450, families that have resided in this state for less than 12 months shall be paid an amount calculated in accordance with paragraph (1) of subdivision (a) of Section 11450, not to exceed the maximum aid payment that would have been received by that family from the state of prior residence.

The Secretary gave approval in the form of a waiver. See Pls.' Ex. 2. The waiver also approves a 1.3% reduction in benefits and permits the State to further reduce AFDC benefits to all recipients by up to 5%.

Because the validity of the Secretary's waiver is called into question by this lawsuit, on January 4, 1993, the court requested the United States to file an amicus brief in support of the Secretary's action. By letter dated January 21, 1993, the day before its brief was to be filed, the United States declined to file an amicus brief and made no request for additional time.

1 system for the next twelve months Green will receive \$190 a month
2 which is what she would have received in Louisiana. Plaintiff
3 Debby Venturella came to California in December 1992. She has one
4 child and is pregnant. She had been living in Oklahoma for six
5 weeks when she decided to move to California where her parents
6 live. She was not receiving AFDC benefits in Oklahoma. Under the
7 two tier system, after her child is born, Venturella will be
8 limited to AFDC benefits of \$341, which is the Oklahoma level for
9 a family of three. Finally, plaintiff Diana Bertollit moved to
10 California from Colorado to be with relatives. She has one child
11 and will be limited to \$280 a month--the Colorado benefit--as
12 opposed to the full California amount of \$592 for two family
13 members.

14 All three plaintiffs allege that they moved to California to
15 escape abusive family circumstances. Green Decl., §3; Venturella
16 Decl., §12; Bertollit Decl., ¶2. There is no dispute that all
17 three plaintiffs are bona fide residents of the State of
18 California, and the State acknowledges that plaintiffs are
19 entitled to AFDC benefits--albeit at the reduced levels--as
20 California residents. See Dets.' Opp'n, 18:14-15; Cal. Welf. &
21 Inst. Code § 17100 (West 1991). By separate order the court will
22 provisionally certify this matter as a class action.⁴

23
24 * Plaintiffs have requested a provisional order certifying
25 that this proceeding be maintained as a class action consisting of
"all present and future AFDC applicants and recipients who have
applied or will apply for AFDC on or after December 1, 1992, and
who will be denied full California AFDC benefits because they have
not resided in California for twelve consecutive months immediately

The State of California budget allocates nearly \$6 billion for AFDC benefits in 1992-93. The California Department of Finance estimates that the durational residency requirement at issue here will save the State \$8.4 million in the 1992-93 fiscal year and \$22.5 million in the 1993-94 fiscal year. Hordyk Decl., ¶5.⁵

Plaintiffs now move for a preliminary injunction blocking application of the durational residency requirement in section 11450.03(a) of the California Welfare and Institutions Code. A temporary restraining order was issued December 22, 1992 by the Honorable Milton L. Schwarz and remains in effect by stipulation.

I.

The State's two tier system for AFDC benefits implicates the constitutional right to freedom of travel or migration. The right to migrate from one state to another "occupies a position fundamental to the concept of our Federal union" and "has long been recognized as a basic right under the Constitution." United States v. Guest, 383 U.S. 745, 757-58 (1966). Although the right to travel is not protected by explicit provision in the

preceding their application for aid." Defendants have filed a notice of non-opposition to the motion for provisional class certification.

An April 1990 study by the State Department of Social Services found that 6.6% of the State's existing AFDC caseload resided in another state within the year before applying for benefits in California. Healy Decl., ¶5.

⁵ Since California's fiscal year begins in July, the 1992-93 figures represent only a partial year's savings.

1 constitution, as it was in the Articles of Confederation,⁶ the
2 supreme court repeatedly has held that such a right inheres in the
3 concept of a union. See, e.g., Id.; Zobel v. Williams, 457 U.S.
4 55, 67 ("I find its unmistakable essence in that document that
5 transformed a loose confederation of states into one Nation")
6 (Brennan, J., concurring).⁷

7 The right of migration protects not only physical movement,
8 and forbids direct restraints on interstate migration,⁸ but also
9 "protects residents of a state from being disadvantaged, or from
10 being treated differently, simply because of the timing of their
11 migration, from other similarly situated residents." Attorney
12 General of New York v. Soto-Lopez, 476 U.S. 298, 305 (1986). It
13 is this equal treatment aspect of the right to migration--rather
14 than direct barriers to movement--that has been most important in
15 the more recent cases. The Court consistently has rejected state

16 6 Article IV of the Articles of Confederation provided that
17 "the people of each State shall have free ingress and regress to
18 and from any other State."

19 7 Different provisions of the constitution have been relied
20 upon as the textual source of the right to migrate, including the
21 Privileges and Immunities Clause of Art. IV, see Zobel v. Williams,
22 457 U.S. 55, 71 (1982) (O'Connor, J., concurring), the Privileges
23 and Immunities Clause of the Fourteenth Amendment, see Edwards v.
24 California, 314 U.S. 160, 177-78 (1941) (Douglas, J., concurring),
25 the Commerce Clause, see Edwards, 314 U.S. at 173-74, and the Equal
Protection Clause of the Fourteenth Amendment, see Hooper v.
26 Bernalillo County Assessor, 472 U.S. 617, 618 n.6 (1985).

27 8 See The Passenger Cases, 48 U.S. (7 How.), 283 (1849)
28 (invalidating tax on passengers from foreign ports); Crandall v.
Nevada, 73 U.S. (6 Wall.) 35 (1867) (invalidating tax on persons
leaving the state); Edwards v. California, 314 U.S. 160 (1941)
(invalidating state law making it a crime to bring into the state
a non-resident knowing that the non-resident is indigent).

1 preferences for longer term residents, even when motivated by an
2 altruistic desire to do more for the state's "own:"

3 The State may not favor established residents over new
4 residents based on the view that the State may take care
5 of 'its own,' if such is defined by prior residence.
6 Newcomers, by establishing bona fide residence in the
7 State, become the State's 'own' and may not be
8 discriminated against solely on the basis of their
9 arrival in the State after [a fixed date].

10 Hooper v. Bernalillo County Assessor, 472 U.S. 612, 623 (1985).

11 Because of this right to equal treatment without regard to
12 the length of residency, the Court has almost invariably found
13 that durational residency requirements are unconstitutional. Such
14 residency requirements distinguish not between bona fide residents
15 and non-residents but between residents based on the length of
16 their residency in the state.

17 In Shapiro v. Thompson, 394 U.S. 618 (1969), the Court found
18 unconstitutional provisions denying welfare assistance to
19 residents who had not resided for at least one year within the
20 jurisdiction. Such provisions discriminate invidiously by
21 "creat[ing] two classes of needy resident families
22 indistinguishable from each other except that one is composed of
23 residents who have resided a year or more, and the second of
24 residents who have resided less than a year, in the jurisdiction."
25 *Id.*, at 627. The Court rejected the justification that such a
26 waiting period would deter migration of poor people into the
state; such a justification was directly at odds with the
constitutional right of migration. *Id.* at 629. Nor was it
relevant whether those migrating to the state in fact were seeking

higher assistance payments or came for other reasons; the Court found that a State had no more right to deter those from settling in search of greater welfare assistance than it would to deter those seeking better educational opportunities. Id. at 631-32. The Court also rejected any justification of the measure based on past tax contributions; this "reasoning would logically permit the State to bar new residents from schools, parks, and libraries or deprive them of police and fire protection." Such an apportionment of state services would violate equal protection. Id. at 632. Finally, the Court held that the states' legitimate concern for its fiscal integrity could not justify discrimination against new residents for the "saving of welfare costs cannot justify an otherwise invidious classification." Id. at 633.

In Memorial Hospital v. Maricopa County, 415 U.S. 250 (1974), the Court followed Shapiro and invalidated an Arizona provision requiring a year's residence in a county as a condition of receiving nonemergency medical care at county expense. The Court framed the issue as whether the state's classification "penalized" persons who had recently migrated to the state. Id. at 256-57. If there were such a penalty the provision would be unconstitutional unless supported by a compelling state interest. Id. at 262-63. The Court found that just as the denial of the necessities of life in Shapiro operated to penalize recent migrants so did the denial of nonemergency medical care. The Court rejected the State's argument that since some medical services--indeed, emergency services--were provided without

1 waiting, the denial of nonemergency medical services could be
2 distinguished from the complete denial as in Shapiro. Id. at 259-
3 61. Nor was the State's interest in protecting its financial
4 stability of sufficient strength to justify the discrimination
5 against newcomers:

6 The conservation of the taxpayers' purse is simply not a
7 sufficient state interest to sustain a durational
8 residence requirement which, in effect severely
9 penalizes exercise of the right to freely migrate and
10 settle in another State.

11 Id. at 263. Similarly, in Dunn v. Blumstein, 405 U.S. 330 (1972),
12 decided before Memorial Hospital, the Court invalidated a
13 durational residency provision requiring one-year's residence
14 before a new resident could vote.

15 On only one occasion has the Court upheld a durational
16 residency requirement.⁹ In Socna v. Iowa, 419 U.S. 393 (1975),
17 the Court upheld the State's one year residency requirement for
18 petitioners seeking a divorce decree when the respondent is not a
19 state resident. In distinguishing Shapiro, Dunn, and Memorial

20 ⁹ In two summary rulings the Court has upheld one year
21 durational residency requirements for resident tuition at state
22 universities. See Starns v. Wilkerson, 401 U.S. 985 (1971),
23 summarily aff'g 326 F. Supp. 234 (Minn. 1970) (three-judge court);
24 Sturcis v. Washington, 414 U.S. 1057 (1973), summarily aff'g 368
25 F. Supp. 38 (W.D. Wash) (three-judge court). Because of their
26 summary nature, these precedents are of diminished importance.
Zobel v. Williams, 457 U.S. 55, 64 n.13 (1982). Moreover, the
Court consistently has viewed tuition residency requirements less
as durational than as determining the bona fide residence of
transient students. See id.; Vlandis v. Yline, 412 U.S. 441, 452-
53 and n.9 (1973). In Memorial Hospital v. Maricopa County, 415
U.S. 250, 260 n.15 (1974), the Court suggests that a waiting period
for free higher education is not a penalty on migration because
such an interest is of less significance than welfare or medical
care.

1 Hospital, the Court noted that the State's interest in regulating
2 domestic relations and protecting its divorce decrees from
3 collateral attack was materially greater than the budgetary and
4 recordkeeping interests advanced in the prior cases.¹⁰
5 Alternatively, the case may be understood to find the interest in
6 a speedy divorce of insufficient magnitude to amount to a penalty
7 on migration.

8 In three more recent cases, the Court has expanded the
9 equality principle in Shapiro to invalidate state provisions that
10 distinguish between residents on the basis of length of residency
11 without incorporating a durational residency requirement. These
12 cases more clearly have less to do with constraints on migration
13 and travel than with the unconstitutionality of distinctions
14 between residents based on how long they have lived in the state.

15 In Zobel v. Williams, 457 U.S. 55 (1982), the Court
16 invalidated an Alaska statute providing payments from oil revenues
17 to all residents where the size of the payment was determined by
18 years of residency. The Court found that such a measure could not
19 even survive the minimum rationality test. The Court warned that
20 an approach that divided residents by years of residency
21 threatened inequality over a large field:

22 If the states can make the amount of a cash dividend

23
24 ¹⁰ Referring to Shapiro, Dunn, and Memorial Hospital, the
25 Court stated: "What those cases had in common was that the
26 durational residency requirements they struck down were justified
on the basis of budgetary or recordkeeping considerations which
were held insufficient to outweigh the constitutional claims of the
individuals." Sosna, 419 U.S. at 406.

depend on length of residence, what would preclude varying university tuition on a sliding scale based on years of residence--or even limiting access to finite public facilities, eligibility for student loans, for civil service jobs, or for government contracts by length of domicile? Could states impose different taxes based on length of residence? Alaska's reasoning could open the door to state apportionment of other rights, benefits, and services according to length of residency. It would permit the states to divide citizens into expanding numbers of permanent classes. Such a result would be clearly impermissible.

Id. at 54. Similarly, in Hooper v. Bernalillo County Assessor, 472 U.S. 612 (1985), and Attorney General of New York v. Soto-Lopez, 476 U.S. 898 (1986), the Court invalidated state veterans preferences limited to veterans who had been state residents prior to a certain date or who had entered the military when a state resident. In Hooper the State provided a tax exemption for Vietnam veterans residing in the State prior to May 8, 1976. In Soto-Lopez the state provided a veterans preference for civil service hiring limited to veterans who entered the military when a state resident. In both cases, using different approaches, the Court found that the equal protection clause will not countenance distinctions based on length or incipiency of residency. Hooper, 472 U.S. at 622; Soto-Lopez, 476 U.S. at 911.¹¹

¹¹ Defendants seek to distinguish Zobel, Hooper and Soto-Lopez because the statutes at issue in those cases created fixed, permanent distinctions between residents based on when they arrived in the state. Soto-Lopez, 476 U.S. at 909; Hooper, 472 U.S. at 617; Zobel, 457 U.S. at 59. Because the effect of §11450.03 is temporary, defendants argue it has a less significant impact on migration. However, the residency requirements invalidated in Shapiro, Dunn and Memorial Hospital were, by definition, temporary. Indeed, in Soto-Lopez the Court recognized, "[i]n previous cases, we have held that even temporary deprivations of very important benefits and rights can operate to penalize migration." Id. at

II.

In light of cases discussed above, the durational residency requirement in §11450.03 of the Welfare and Institutions Code must be invalid. Like Shapiro, the measure limits welfare and the basic necessities of life. As such it places a penalty on the decision of new residents to migrate to the State and be treated on an equal basis with existing residents. Although the measure does not eliminate all AFDC benefits, it produces substantial disparities in benefit levels and makes no accommodation for the different costs of living that exist in different states. In Memorial Hospital the measure was not saved because it pertained to some but not all medical services, so, too, this measure is not constitutional because it materially diminishes, without entirely eliminating, AFDC benefits.

Defendants suggest that the measure is not a penalty because the benefits provided are the same as those provided in the state of prior residence.¹² But under the cases the relevant

13 907. Moreover, the distinctions drawn in Zobel were no more fixed
14 than here; in both situations as residents gain seniority they are
15 granted greater benefits. In one sense the distinctions drawn in
16 Zobel are more elaborate than here. Under §11450.03, after one
17 year new residents are treated like everyone else. On the other
18 hand, unlike the Alaska scheme, new California residents do not
19 simply receive the same reduced payment but are further divided by
20 state of prior residence.

21 12 Defendants also argue that §11450.03 has not actually
22 deterred the migration of any of the named plaintiffs. However,
23 lack of evidence in the record of actual deterrence is of no
24 significance if the statute creates a classification which serves
25 to penalize migration. Memorial Hospital, 415 U.S. at 257-58;
26 Dunn, 405 U.S. at 340-41; Shapiro, 394 U.S. at 634.

1 comparison is not between recent residents of the state of
2 California and residents of other states. Were this the
3 comparison, the result in Zobel would be inexplicable since no
4 other state provided a bounty to its citizens and thus Alaska
5 treated new residents better in this respect than residents of
6 other states. Similarly, it was of no significance in Memorial
7 Hospital that the nonemergency care provided by Maricopa County
8 may have been much superior to the medical care provided
9 elsewhere. It is because the measure treats recent residents of
10 California different than other California residents, and involves
11 the basic necessities of life, that it places a penalty on
12 migration. Moreover, the measure cannot fairly be said to provide
13 the same payment as new residents could have received in the state
14 of their prior residence since the cost of living, particularly
15 housing, varies so substantially from state to state and generally
16 is much higher in California than elsewhere.¹³

17 Because §11450.03 places a penalty on migration, the
18 defendants must show that the statute furthers a compelling state
19 purpose. The interests advanced do not rise to that level.

20 If the purpose of the measure is to deter migration by poor

21 ¹³ According to the table of Fair Market Rents established
22 by the U.S. Department of Housing and Urban Development,
23 California's housing costs are higher than any other state except
24 Massachusetts. See Greenstein Decl. at 10. According to
25 plaintiffs, in all but one of the forty-six states (including the
26 District of Columbia) where AFDC benefits are lower than in
27 California, housing costs are also lower. Thus, under §11450.03,
28 new California residents migrating from 45 of these 46 states will
29 face higher costs of living with no increase in their benefits.
Id., ¶18.

1 people into the State, and it appears that this may be the
2 purpose,¹⁴ then the measure must be unconstitutional. Soto-
3 Lopez, 476 U.S. at 904; Zobel, 457 U.S. at 62 n.9; Memorial

4

5 ¹⁴ There is evidence in the record to support the conclusion
6 that the purpose of §11450.03 was to deter migration of indigents.
7 First, on March 9, 1992, the California State Assembly adopted
8 Senate Bill ("SB") 366, a legislative proposal which contained
language nearly identical to that contained in §11450.03 (the sole
substantive difference was the use of "could" in SB 366 instead of
"would"). Assemblymember Costa was the principal Assembly author
of that measure. During the debate on the Assembly floor, Mr.
Costa stated:

9 Realizing that in fact funds are short in California
10 today, it makes a great deal of sense then to insure
11 that incentives are provided for people from other parts
12 of the country . . . that might be lured to California
13 . . . for that purpose -- to benefit from higher
assistance. This legislation attempts to take care of
that by requiring a one year residency requirement in
California . . .

14 Pls.' Ex. 11, 15: 17-26. The provisions of SB 366 were reflected
15 in the Assembly's Budget Bill, Assembly Bill ("AB") 2303, and
eventually enacted by the legislature in SB 485. McKeever Decl.,
16 §12. The legislative history of predecessor bills is relevant to
discerning the legislative intent of a later enactment. See Estate
17 of Court v. Nicklos Drilling Co., ___ U.S. ___, 112 S. Ct. 2589,
2595 (1992).

18 Second, after §11450.03 was enacted, the State renewed its
waiver request to the United States Department of Health and Human
Services. In a letter dated September 17, 1992, the State
described the durational residency requirement enacted by the
legislature as follows: "This proposal reduces the incentive for
families to migrate to California for the purpose of obtaining
higher aid payments." Pls.' Ex. 12 at 3. And, in the brief
opposing the temporary restraining order, defendants list among the
bases for implementation of the statute: "to prevent California
from being a magnet for people seeking to increase the level of
their public assistance benefits by moving to California." Def.
Opp'n to TRO, December 21, 1992, 3:16-19. The government's current
interpretation of a statute is entitled to less deference when in
conflict with its initial position. Cf. Haw v. Alaska, 451 U.S.
259, 273 (1981).

26 Finally, such a purpose is inherent in a two-tier benefit
structure. Because §11450.03 does not save money by cutting all
recipients' benefits equally, but instead affects only the benefits
of new residents, its very structure suggests a goal of deterrence.

1 U.S. at 263-64; Shapiro, 394 U.S. at 629. But even if the purpose
2 is only to conserve limited state funds in the hope that the State
3 may do more for those who now and in the past have depended on the
4 state, such a purpose, if laudable is yet unconstitutional. For
5 as the Court has stated more than once, the State may not identify
6 a group of current residents as its "own" and seek to advance
7 their interests and address their needs to the detriment of new
8 residents. Soto-Lopez, 476 U.S. at 911; Hooper, 472 U.S. at 623;
9 Zobel, 457 U.S. at 65; Shapiro, 394 U.S. at 632-33. The Supreme
10 Court has never upheld a durational residency requirement whose
11 sole justification was the State's desire to conserve its
12 resources. If this durational residency requirement were valid,
13 then so would a measure limiting new residents to the same level
14 of medical, educational, police, and fire services they received
15 in the state of prior residence. If the one year requirement were
16 valid because of cost savings, then so would a two year or longer
17 requirement, or a graduated scale as in Zobel. Such a division
18 among residents, all of whom are in fact bona fide residents of
19 the state, violates equal protection.

20 Finally, even if the measure were viewed not as a penalty but
21 as similar to the bounty in Zobel, it would still be impermissible
22 under the analysis in Zobel. If the measure intends to deter
23 settlement into the state of persons who need welfare and seek a
24 higher benefit, it is sensibly designed but has an
25 unconstitutional purpose. If the measure simply seeks to save
26 costs, defendants fail to explain why new residents are better

able to bear a reduction in benefits than other residents. For the measure applies to those who were on welfare in the state of prior residence and those who were not, those who need welfare when they arrive in California and those who come to that need months thereafter. It applies without regard to the cost of living in the state of prior residence or whether the applicant had access to other resources in the state of prior residence. Stripped of the unconstitutional purpose of deterring migration, the measure lacks a rational design. This group of residents is no better able to bear the loss of benefits than a group randomly drawn. The State may seek to conserve resources by reducing welfare benefits to all recipients or to some recipients on some rational, non-discriminatory basis. But unless the purpose here is to deter migration, there is no other rational basis for the distinction drawn among applicants all of whom are California residents.

The court recognizes that the measure at issue here passed easily into law. And California is not alone in seeking to limit the welfare benefits of new residents. New York has adopted a different schedule of benefits for new residents; Wisconsin and Minnesota¹⁵ also have received federal approval to implement such measures. Genest Decl., ¶2,3. According to defendants, other states may be considering a similar kind of limitation. Id.

¹⁵ In June of 1992, the Minnesota durational residency provision was declared unconstitutional by the Court of Appeals of Minnesota. Mitchell v. Steffen, 487 N.W.2d 896 (1992).

1 Nonetheless, the Supreme Court of the United States, in what is
2 now a large body of law, has made clear that the constitutionally
3 based rights to migration and equal treatment do not permit
4 significant distinctions between new and old residents based on
5 the duration or incipiency of their residency. Therefore the
6 State may not deny certain of its residents full welfare benefits
7 simply because of the recency of their residency.

8 In short, under Shapiro and Memorial Hospital, the court
9 finds that the two tier benefit schedule in §11450.03 penalizes
10 new residents because of the recency of their migration to the
11 state. The State's interest in reducing welfare costs is not
12 sufficient to justify the disparate treatment of this class of
13 needy residents.

14 III

15 Plaintiffs demonstrate that they face the possibility of
16 irreparable injury if the injunction is not issued.¹⁶ All of
17 plaintiffs have been unable to locate housing in California that
18 is affordable to them on the reduced AFDC payment. Gee Green
19 Decl., ¶6,7; Venturella Decl., ¶21; Bertolli Decl., ¶23.

20 Plaintiffs' motion for preliminary injunction is granted.
21 The court orders:

22 _____
23 ¹⁶ To obtain a preliminary injunction, a party must show
24 either (1) likelihood of success on the merits and the possibility
25 of irreparable injury, or (2) the existence of serious questions
going to the merits and the balance of hardships tipping in its
favor. These are not separate tests, but the "outer reaches of a
single continuum." Los Angeles Memorial Coliseum v. National
Football League, 634 F.2d 1197, 1201 (9th Cir. 1980).

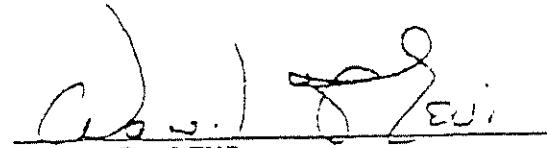
(1) Pending judgment in this action, defendants and their agents, assignees and successors in interest are enjoined from implementing a) California Welfare and Institutions Code § 11450.03, b) regulations promulgated pursuant to § 11450.03, including but not limited to M.P.P. E.A.S. § 89-402.4, c) All-County Letter ("ACL") 92-98 and All-County Information Notice ("ACIN") I-54-92 to the extent that the ACL or ACIN deny standard California AFDC benefits to members of the plaintiff class or determine an AFDC benefit in whole or in part by reference to the AFDC grant in any other state or territory;

(2) Within ten calendar days of the issuance of this order, the defendants shall issue an All-County Letter notifying the counties and county welfare directors of this order, and instruct them to stop implementation of the policy enjoined by this order. Defendants shall provide plaintiffs' counsel with a copy of this All-County Letter.

(3) Plaintiffs will be permitted to proceed in this matter without posting bond or any other security.

IT IS SO ORDERED.

Dated: 28 January 1993.


DAVID F. LEVI
United States District Judge

STATEMENT OF FACTS FOR ADDITIONAL PERSONS

(Supplemental application for Food Stamps and request for Cash Aid)

INSTRUCTIONS: Use this form to tell us about a new person in the home. If you need more space to answer the questions, attach another sheet of paper. Fill in the answers for all the questions about the benefits you are asking for. The "CA" for Cash Aid and "FS" for Food Stamps listed to the left side of each question tell you which questions are for which program.

If you receive **Cash Aid**, and you want aid for the new person, this form must be completed by the adult caretaker relative who is now receiving aid. The new person may complete the form unless it is a child.

For **Food Stamp households**, which do not receive Cash Aid or do not want Cash Aid for the new person, this form may be completed by a household member, an authorized representative or the new person.

PLEASE PRINT IN INK

(1) CA FS	Name of Person Completing Form (First, Middle Last)										
(2) CA FS	List all new persons in the home, including a newborn.										
Person 1: NAME (FIRST MIDDLE LAST) SOCIAL SECURITY NUMBER		CITIZEN/Alien STATUS CHECK (✓) U.S. citizen/national <input type="checkbox"/> Undocumented alien Lawful alien: <input type="checkbox"/> Sponsored Refugee <input type="checkbox"/> Other									
BIRTHPLACE (CITY/STATE/COUNTRY)		Is he/she related to anyone in the home? Yes <input type="checkbox"/> No If YES, explain relationship:									
Person 2: NAME (FIRST MIDDLE LAST) SOCIAL SECURITY NUMBER		CITIZEN/Alien STATUS CHECK (✓) U.S. citizen/national <input type="checkbox"/> Undocumented alien Lawful alien: <input type="checkbox"/> Sponsored Refugee <input type="checkbox"/> Other									
BIRTHPLACE (CITY/STATE/COUNTRY)		Is he/she related to anyone in the home? Yes <input type="checkbox"/> No If YES, explain relationship:									
(3) CA FS	Has he/she applied for or received benefits in the past, such as: AFDC, Food Stamps, Medi-Cal, Refugee/Entrant Assistance? If YES, complete section below: Date Applied Date Last Received Where (County and State) Type of Benefits										
<table border="1"> <tr> <td>Person 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Person 2</td> <td></td> <td></td> <td></td> </tr> </table>				Person 1				Person 2			
Person 1											
Person 2											
(4) CA FS	Is he/she a veteran, the child of a veteran or the surviving spouse or surviving child of a veteran? If YES, check ALL the boxes which apply: Person 1 <input type="checkbox"/> Veteran <input type="checkbox"/> Child of a Veteran <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving child <input type="checkbox"/> Disabled Person 2 <input type="checkbox"/> Veteran <input type="checkbox"/> Child of a Veteran <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving child <input type="checkbox"/> Disabled										
(5) CA FS	Is he/she under age 20 and a parent or pregnant? If YES, list who: Date Initiated: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ 2. <input type="checkbox"/> Yes <input type="checkbox"/> No _____										
(6) CA FS	Has he/she completed his/her high school education by getting a diploma, GED, <input type="checkbox"/> Yes <input type="checkbox"/> No or passing the High School Proficiency Examination (CHSPE)?										
(7) CA FS	Is he/she attending school or a training program? If YES, complete section below: If NO, why not: Person's Name Name of School or Training Program Attending Full-Time? Expected Date of Graduation <table border="1"> <tr> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	<input type="checkbox"/> Yes <input type="checkbox"/> No										

COUNTY USE ONLY				
CASE NUMBER				
DATE RECEIVED				
Food Stamps	Food Stamps and Cash Aid		Cash Aid	
Nonhousehold Member (Enter Code)	Specify in Box if Elderly or Disabled Work Registration Exemption (Enter Code)	Identity	SSN	Citizenship/ Alien Status
				Age
OPTIONAL PERSON				
DFA 285-C				
CA 5	Date Initiated: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ 2. <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
Verified: <input type="checkbox"/> Pregnancy				
Eligible Student: 1. <input type="checkbox"/> FS <input type="checkbox"/> Cash Aid 2. <input type="checkbox"/> FS <input type="checkbox"/> Cash Aid				
School Attendance Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				

*A Social Security Number (SSN) is required by Section 402(a)(25) of the Social Security Act for Cash Aid recipients and by the Food Stamp Act of 1977, as amended by Public Law 97-98, for each food stamp household member. These SSNs are required to ensure the accurate issuance of Cash Aid and Food Stamp benefits to eligible individuals. SSNs are used in computer matching to prevent duplicate participation, to check the identity of individuals, to make changes and for program reviews and audits. Refusal to provide an SSN will result in program ineligibility for the individual for whom the SSN is not provided.

						COUNTY USE ONLY	
(8) CA FS	Is he/she participating in a labor strike? If YES, complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Person Went on Strike	Gross Monthly Income Earned From This Job Before the Strike					
Person 1							
Person 2							
(9) CA FS	Does he/she own or is he/she buying any real property, such as: a house, land, buildings, etc? If YES, complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Company	
Person 1			\$				
Person 2			\$				
(10) CA FS	Does he/she have any of the following resources? Check each item. If YES, explain below.						
	Resource	Person 1	Person 2	Resource	Person 1	Person 2	
Checks or Money (at home or elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking/Savings/Credit Union Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, Bonds, Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes, Mortgages, Trust Deeds, Sales Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (list below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Type of Resource	Owner	Current Value	Location (Home, Bank Address, Etc.)	Account Number		
			\$				
			\$				
			\$				
(11) CA FS	Does he/she own or use or is he/she buying any motor vehicles, such as: a car, truck, boat, trailer, van, camper, motorcycle, etc?					<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Registration and Records Viewed 1. _____ 2. _____
	If YES, complete section below:						Vehicle Valuation 1. _____ 2. _____
	Owner	Year, Make, Model	License Number and State of Registration		Amount of Last License Fee	Balance Owed	Check if Exempt
Person 1					\$	\$	
Person 2					\$	\$	
(12) CA FS	Is he/she employed?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If YES, complete section below. Attach paystubs or other proof of earnings. If he/she is self-employed list business expenses on a separate sheet of paper and attach proof of income and expenses.						
	Name of Employer	Gross Pay (Before deductions)	How Often Paid (Weekly, Monthly, Etc.)	Number of Days Worked in Month	Number of Hours Worked in Month		Enter Date Viewed Check if Exempt
Person 1		\$					Pay Stubs
Person 2		\$					Other
(13) CA FS	Does he/she get or expect to get any other income, such as: Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, Free Housing, Free Utilities, Etc?					<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Verification and Date Viewed
	If YES, complete section below and attach proof of the income.						
	Type of Income	Amount	How Often (Weekly, Monthly, Etc.)	Date Last Received	Date Expected to Begin		Check if Exempt
Person 1		\$					
Person 2		\$					
(14) CA FS	Does he/she pay someone to care for a child or disabled adult so he/she can go to work or training or look for work?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If YES, complete section below and attach receipts.						
	Who Received Care	Who Provided Care	Amount	How Often Paid (Weekly, Monthly, Etc.)			Date Receipts Viewed
Person 1			\$				
Person 2			\$				

(15) FS Does he/she receive food from a Food Distribution Program operated by an Indian Reservation? Person 1: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which reservation? Person 2: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which reservation?					COUNTY USE ONLY																
(16) FS Does he/she purchase or prepare meals separately from others in the home? Person 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Person 2: <input type="checkbox"/> Yes <input type="checkbox"/> No																					
(17) FS Is he/she age 60 or older and unable to purchase and prepare meals separately because of a disability? Person 1: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, does he/she want to be a separate food stamp household? <input type="checkbox"/> Yes <input type="checkbox"/> No Person 2: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, does he/she want to be a separate food stamp household? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
(18) FS Does he/she pay you for meals and/or a room? If YES, complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Check(✓)</td> <td style="width: 25%;">How Much</td> <td style="width: 25%;">How Often</td> <td style="width: 25%;">No. of Meals Per Day</td> </tr> <tr> <td>Person 1 <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Person 2 <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both \$</td> <td></td> <td></td> <td></td> </tr> </table>					Check(✓)	How Much	How Often	No. of Meals Per Day	Person 1 <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both \$				Person 2 <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both \$								
Check(✓)	How Much	How Often	No. of Meals Per Day																		
Person 1 <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both \$																					
Person 2 <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both \$																					
(19) CA If he/she is a child under age 19, complete section below:					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Mother's Name</td> <td style="width: 33%;">Father's Name</td> <td style="width: 34%;">Child Needs Aid Due To Parent's: (Check all boxes which apply)</td> </tr> <tr> <td>Person 1</td> <td></td> <td><input type="checkbox"/> Absence <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Death</td> </tr> <tr> <td>Person 2</td> <td></td> <td><input type="checkbox"/> Absence <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Death</td> </tr> </table>		Mother's Name	Father's Name	Child Needs Aid Due To Parent's: (Check all boxes which apply)	Person 1		<input type="checkbox"/> Absence <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Death	Person 2		<input type="checkbox"/> Absence <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Death						
Mother's Name	Father's Name	Child Needs Aid Due To Parent's: (Check all boxes which apply)																			
Person 1		<input type="checkbox"/> Absence <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Death																			
Person 2		<input type="checkbox"/> Absence <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Death																			
(20) CA Does he/she presently live in California and intend to continue living here? FS Person 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Person 2: <input type="checkbox"/> Yes <input type="checkbox"/> No					<p>Deprivation Verification: 1. _____ 2. _____</p>																
(21) CA Has he/she lived in California for the last 12 months in a row? Complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>RFG Change State Code: _____ RFG Level: _____ RFG Months: _____</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Who</td> <td style="width: 33%;">Last Place of Residence (City, State)</td> <td style="width: 34%;">Date Arrived in California</td> </tr> <tr> <td>Person 1</td> <td></td> <td></td> </tr> <tr> <td>Person 2</td> <td></td> <td></td> </tr> </table>					Who	Last Place of Residence (City, State)	Date Arrived in California	Person 1			Person 2										
Who	Last Place of Residence (City, State)	Date Arrived in California																			
Person 1																					
Person 2																					
(22) Does anyone want aid because of pregnancy? If "YES", complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><input type="checkbox"/> Verif Date _____ Special Need Eff _____ <input type="checkbox"/> WIC Referral <input type="checkbox"/> CA2.1/DA Referral</p>															
<p>Check(✓) The Box(es) That Applies To The Father Of The Unborn <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed</p>																					
(23) CA Has he/she quit or refused a job or training in the last 30 days? FS If YES, complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Determination of Good Cause Required: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Amount of Last Pay Check</th> <th style="width: 20%;">Last Day of Job/Training</th> <th style="width: 20%;">Hours Worked/Training in Last 30 Days</th> <th style="width: 20%;">Name and Address of Employer/Training Program</th> <th style="width: 20%;">Reason for Leaving or Refusal</th> </tr> <tr> <td>Person 1 \$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Person 2 \$</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Amount of Last Pay Check	Last Day of Job/Training	Hours Worked/Training in Last 30 Days	Name and Address of Employer/Training Program	Reason for Leaving or Refusal	Person 1 \$					Person 2 \$						
Amount of Last Pay Check	Last Day of Job/Training	Hours Worked/Training in Last 30 Days	Name and Address of Employer/Training Program	Reason for Leaving or Refusal																	
Person 1 \$																					
Person 2 \$																					
(24) CA Does he/she own or use personal property which cost at least \$100 for each item or are now worth at least \$100 each, such as: jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. If YES, complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Net Market Value: 1. \$ _____ 2. \$ _____</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Name of Item</th> <th style="width: 33%;">Date of Purchase</th> <th style="width: 34%;">Purchase Price</th> <th style="width: 34%;">Amount Owed</th> </tr> <tr> <td>Person 1</td> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Person 2</td> <td></td> <td>\$</td> <td>\$</td> </tr> </table>					Name of Item	Date of Purchase	Purchase Price	Amount Owed	Person 1		\$	\$	Person 2		\$	\$					
Name of Item	Date of Purchase	Purchase Price	Amount Owed																		
Person 1		\$	\$																		
Person 2		\$	\$																		
(25) CA Has he/she sold, transferred or given away any real or personal property within the last 2 years? FS If YES, complete section below:					<input type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Name of Item</th> <th style="width: 33%;">Date Sold, Transferred or Given Away</th> <th style="width: 34%;">Amount Received</th> </tr> <tr> <td>Person 1</td> <td></td> <td></td> </tr> <tr> <td>Person 2</td> <td></td> <td></td> </tr> </table>					Name of Item	Date Sold, Transferred or Given Away	Amount Received	Person 1			Person 2										
Name of Item	Date Sold, Transferred or Given Away	Amount Received																			
Person 1																					
Person 2																					

(26) CA FS	Does he/she have any of the following insurance coverages: life, burial, disability or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No				COUNTY USE ONLY																
If YES, complete section below:						Total CSV															
<table border="1"> <thead> <tr> <th>Name of Insurance Company</th> <th>Policy Number</th> <th>Persons Covered (Names)</th> <th>Premium Paid by (Name)</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>Person 1</td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>Person 2</td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>						Name of Insurance Company	Policy Number	Persons Covered (Names)	Premium Paid by (Name)	Amount Paid	Person 1				\$	Person 2				\$	1. \$ _____
Name of Insurance Company	Policy Number	Persons Covered (Names)	Premium Paid by (Name)	Amount Paid																	
Person 1				\$																	
Person 2				\$																	
						2. \$ _____															
						OHC Code Entered: Date:															
						1. <input type="checkbox"/> _____															
						2. <input type="checkbox"/> _____															
(27) CA Does he/she have health or hospitalization insurance, including insurance paid for by an employer or absent parent, such as: Blue Cross, Kaiser, Champus, Medicare, etc.? Person 1 <input type="checkbox"/> Yes <input type="checkbox"/> No Person 2 <input type="checkbox"/> Yes <input type="checkbox"/> No						Complete question (28) in front of your eligibility worker.															
<p>(28) CA A. Does he/she want information about the Child Health Disability Prevention Program (CHDP), Family Planning, Alcohol or Drug Abuse Counseling, past medical expenses and other special needs?</p> <p>B. Does he/she want CHDP Medical or Dental Services?</p> <p>C. Does he/she want Family Planning Services?</p>						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No															
						<input type="checkbox"/> CHDP brochure and explanation given <input type="checkbox"/> Referred <input type="checkbox"/> Date: <input type="checkbox"/> Other services referral <input type="checkbox"/> Family Planning info given <input type="checkbox"/> Date referred:															

CERTIFICATION

- I understand that failing to report information or misrepresentation of facts for Cash Aid and/or Food Stamp Programs can result in legal prosecution with penalties of a fine, imprisonment or both. In the Cash Aid and Food Stamp Programs the penalties can result in permanent disqualification from the Program. Disqualification penalties for Intentional Program Violation(s) (IPV) are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation. In addition to disqualification for IPV, other penalties can result in fines and/or imprisonment.
- I understand that the information I have provided will be verified by local, state and federal personnel.
- I understand that my case may be selected for an additional review to ensure that my eligibility was determined correctly.
- I declare under penalty of perjury that the above statements are true and correct.

For Cash Aid programs, you and your aided spouse or the other parent of aided, child(ren) living in the home must sign the form. For the Food Stamp Program, the head of household, a household member or the household's authorized representative must sign the form.

Signature of Cash Aid Recipient or Caretaker Relative and/or Food Stamp Household Member 	County Where Signed	Date Signed
Signature of Cash Aid Spouse or Other Parent of Cash Aided Children 	County Where Signed	Date Signed
Signature of Witness to Mark, Interpreter, or Other Person Completing Form 	County Where Signed	Date Signed

STATEMENT OF FACTS**CASH AID AND FOOD STAMPS - (BC JA 2) CA 2/DFA 285-A2**

Instructions for filling in the joint statement of facts for Cash Aid and Food Stamps.

Fill in the answers for all the questions about the benefits you are asking for. The "CA" for Cash Aid and "FS" for Food Stamps listed to the left side of each question tell you which questions are for which program. Print all answers in ink (black ink is best). If you are answering for someone else, the terms "applicant", "you", and "anyone" mean the person(s) you are applying for. If you need more space, attach another page. Use proof (such as bills, receipts and records) to help you fill out this form. Give any proof to your worker to help support your answer. Ask your worker if you need help getting proof or filling in this form. If you are applying for Food Stamps and you are not a member of the household, attach a written authorization signed by the head of household, or another member of the household.

COUNTY USE ONLY			
CASE NAME _____			
CASE NUMBER _____			
WORKER _____	DATE RCD _____		
<input type="checkbox"/> New <input type="checkbox"/> Retroactive <input type="checkbox"/> Redeterm <input type="checkbox"/> Recert <input type="checkbox"/> Residency verified <input type="checkbox"/> FS ID verified <input type="checkbox"/> FS Aged/Disabled verified			

NAME OF PERSON APPLYING OR CARETAKER RELATIVE OF CHILD(REN) FOR WHOM AID IS WANTED.			HOME PHONE ()			
CA	HOME ADDRESS	NUMBER	STREET	MAILING ADDRESS (IF DIFFERENT)	DAYTIME PHONE ()	
FS	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) List each adult living in the home, including yourself. A NAME (FIRST MIDDLE LAST) CA FS			CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien <input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other SEX CHECK (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE (CITY/STATE/COUNTRY) BIRTHDATE TYPE OF AID REQUESTED CHECK (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MARITAL STATUS NOW CHECK (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		
B NAME (FIRST MIDDLE LAST) SOCIAL SECURITY NUMBER BIRTHPLACE (CITY/STATE/COUNTRY)			SEX CHECK (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHDATE TYPE OF AID REQUESTED CHECK (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien <input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MARITAL STATUS NOW CHECK (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		
C NAME (FIRST MIDDLE LAST) SOCIAL SECURITY NUMBER BIRTHPLACE (CITY/STATE/COUNTRY)			SEX CHECK (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHDATE TYPE OF AID REQUESTED CHECK (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien <input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MARITAL STATUS NOW CHECK (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		
D NAME (FIRST MIDDLE LAST) SOCIAL SECURITY NUMBER BIRTHPLACE (CITY/STATE/COUNTRY)			SEX CHECK (✓) <input type="checkbox"/> M <input type="checkbox"/> F BIRTHDATE TYPE OF AID REQUESTED CHECK (✓) <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None			CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien <input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO MARITAL STATUS NOW CHECK (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed		

Non-Household/Excluded Member Codes (63-402)

1. Separate household (.12, .13) 7. Boarder (.3)(must be listed in 13).
(Purchase/prepare) 8. SSN disqualified (.222)
2. Separate household (.15) 9. IPV disqualified (.223)
3. Roomer (.211)(must be listed in 13). 11. SSI/SSP recipient (.225)
4. Live-in attendant (.212)
5. Other (.213)
(Shared living quarters)
6. Ineligible alien (.221)

Work Exemption Codes (63-407.21)

- a. Under 16/60 or older
- a(1) 16/17 not head of household; or 16/17 in school/training at least 1/2 time
- b. Mentally/physically unfit
- c. GAIN registered
- d. Cares for child under 6 or incapacitated person
- e. UIB registered
- f. Participant in drug/alcohol program
- g. 30 hour week/min. x 30
- h. Meets student eligibility requirements

(2) List every child living in the home.

CA
FS

COUNTY USE ONLY

CHILD(REN) NEED AID
DUE TO PARENTS
(✓) BELOW FOR EACH
CHILDDEATH
DISABILITY
ABSENCE
UNEMPLOYMENT

A CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME		Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME					
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE	BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Registration/Exemption AFDC STATUS FS			
TYPE OF AID REQUESTED: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other		Verified: <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Citizen/Alien <input type="checkbox"/> SSN			
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
B CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME		Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME					
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE	BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Registration/Exemption AFDC STATUS FS			
TYPE OF AID REQUESTED: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other		Verified: <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Citizen/Alien <input type="checkbox"/> SSN			
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
C CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME		Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME					
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE	BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Registration/Exemption AFDC STATUS FS			
TYPE OF AID REQUESTED: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other		Verified: <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Citizen/Alien <input type="checkbox"/> SSN			
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
D CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME		Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME					
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE	BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Registration/Exemption AFDC STATUS FS			
TYPE OF AID REQUESTED: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other		Verified: <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Citizen/Alien <input type="checkbox"/> SSN			
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
E CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME		Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME					
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE	BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Registration/Exemption AFDC STATUS FS			
TYPE OF AID REQUESTED: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other		Verified: <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Citizen/Alien <input type="checkbox"/> SSN			
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
F CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME		Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER	SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME					
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE	BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Registration/Exemption AFDC STATUS FS			
TYPE OF AID REQUESTED: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		CITIZEN/Alien STATUS CHECK (✓) <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other		Verified: <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Citizen/Alien <input type="checkbox"/> SSN			
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Standard Filing Unit	Assist-ance Unit		FS Non-HH/Excluded Member Code

(3) Does anyone want aid because of pregnancy?

CA If "YES", complete below:

FS WHO IS PREGNANT?

EXPECTED DATE OF BIRTH

FATHER OF THE UNBORN

 YES NO

- Verif Date _____
Special Need
Eff _____
 WIC Referral
 CA2.1/DA Referral

CHECK (✓) THE BOX(ES) THAT APPLIES TO THE FATHER OF THE UNBORN

 Deceased Disabled Absent Unemployed

<p>④ Is anyone living in the home a foster child? CA If "YES", Who:</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO	COUNTY USE ONLY			
<p>⑤ Do you want aid for any child not living in the home? CA If "YES", explain why child is not in home and complete below:</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO				
CHILD'S NAME (FIRST, MIDDLE, LAST)		CITIZEN/ALIEN STATUS (✓)						
SOCIAL SECURITY NUMBER		SEX (✓) <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Undocumented alien	<input type="checkbox"/> Legal alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other			
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE		BLIND OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CHECK (✓) THE BOX(ES) FOR THE PARENT(S) OF THIS CHILD				MOTHER'S NAME				
<input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed								
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				FATHER'S NAME				
<p>⑥ Does any parent of a child or parent of an unborn listed in ② or ③ live out? CA If "YES", list the parent(s) and explain why he/she doesn't live in the home.</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CA2.1/DA Referral			
<p>⑦ Does everyone live in California and plan to continue living here? CA If "NO", explain: FS</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>⑧ Has anyone in the family lived in California for the last 12 months in a row? CA Complete below for each person for whom you are applying.</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO	State Code: _____ RFG Level: _____ RFG Months: _____			
WHO		LAST OUT-OF-STATE RESIDENCE (CITY, STATE)		DATE ARRIVED IN CALIFORNIA				
<p>⑨ A. Has anyone ever been discontinued from Cash Aid or Food Stamps due to non-cooperation for any reason, including a quality control review; or because of work or training sanctions? If "YES", explain below: CA If "YES", explain below: FS WHO WHY WHEN WHAT COUNTY/STATE</p>								
<p>CA B. Has anyone been disqualified from the Cash Aid or Food Stamp Programs for 6 months, 12 months, or permanently because of an Intentional Program Violation(s)? FS If "YES", explain below:</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO				
WHO		WHY		WHEN		WHAT COUNTY/STATE		

						COUNTY USE ONLY
(10) FS	Does anyone buy food and fix meals separately from anyone else? If "YES", Who:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
(11) FS	Is anyone age 60 or older and unable to purchase and prepare meals separately because of a disability? If "YES", Who:				<input type="checkbox"/> YES <input type="checkbox"/> NO	Separate household requested: <input type="checkbox"/> YES <input type="checkbox"/> NO
(12) FS	Does anyone get food from any program such as Meals on Wheels, a food distribution program operated by an Indian Reservation, communal dining facility for the elderly or disabled or any other program? If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO	NAME OF PROGRAM	WHO	NAME OF PROGRAM			
(13) Does anyone live in a homeless shelter, shelter for battered women, federally subsidized housing for the elderly, drug or alcoholic rehabilitation center, group living arrangement for the blind/disabled, etc.? If "YES", explain:						
WHO	NAME OF CENTER, SHELTER, ETC.				FS Eligible Institution <input type="checkbox"/> YES <input type="checkbox"/> NO	
(14) A. FS CA	Does anyone pay you for meals and/or a room? If "YES", explain: NAME CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both HOW MUCH \$				<input type="checkbox"/> YES <input type="checkbox"/> NO	Household Elects ROOMER BOARDER HH MEMBER
B. FS CA	Do you pay anyone for meals and/or a room? If "YES", explain: NAME CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both HOW MUCH \$				<input type="checkbox"/> YES <input type="checkbox"/> NO	Household Elects ROOMER BOARDER HH MEMBER
(15) CA FS	Is anyone 16 years of age or older enrolled in school, college or a training program? If "YES", explain below:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FS Eligible student <input type="checkbox"/> YES <input type="checkbox"/> NO Verified:
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FS Eligible student <input type="checkbox"/> YES <input type="checkbox"/> NO Verified:
(16) CA	Is anyone a parent 16 - 19 years of age? If "YES", complete below:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO	AGE	HIGH SCHOOL GRADUATION STATUS CHECK (✓) <input type="checkbox"/> High school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> Other (explain):				
WHO	AGE	HIGH SCHOOL GRADUATION STATUS CHECK (✓) <input type="checkbox"/> High school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> Other (explain):				

⑦ Has anyone been in the U.S. military service OR is anyone the spouse, <input type="checkbox"/> YES <input type="checkbox"/> NO CA parent or child of a person who has been in the military? If "YES", explain below:				COUNTY USE ONLY	
				<input type="checkbox"/> CA 5	
⑧ Is anyone currently working or expecting to work in the next two months? <input type="checkbox"/> YES <input type="checkbox"/> NO CA If "YES", complete below: FS (NOTE: If self-employed, list and explain costs on a separate sheet of paper and attach to this form.)				Earnings & Expenses (✓) Check if exempt AFDC FS Self-employed farmer?	
NAME OF PERSON	OCCUPATION	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON	OCCUPATION	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON	OCCUPATION	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Verif(s) on file
⑯ Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO CA If "YES", complete below:					
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED		
⑰ Does anyone pay child or spousal support? <input type="checkbox"/> YES <input type="checkbox"/> NO CA If "YES", complete below:					
WHO PAYS	FOR WHOM	AMOUNT PER MONTH \$	COURT ORDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Court Order on file Amount Ordered \$ _____ <input type="checkbox"/> Court petitioned	
㉑ Is anyone on strike? CA If "YES", complete below:				<input type="checkbox"/> YES <input type="checkbox"/> NO Striker Regs Apply <input type="checkbox"/> AFDC <input type="checkbox"/> FS	
NAME OF STRIKER	NAME OF UNION	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM	DATE WENT ON STRIKE		

Employment History

Page 6 of 12

(22) Has any parent living in the home worked or been in training in the past 5 years.

 YES NO

CA ● 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.
If "YES", complete below.

A. Name: _____

Begin with this person's most recent job or training.

Name and Address of Employer or Training Program <input checked="" type="checkbox"/> Check, if Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid	Name and Address of Employer or Training Program <input checked="" type="checkbox"/> Check, if Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid
1. <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
2. <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
3. <input type="checkbox"/> Work <input type="checkbox"/> Training	From / / To / /	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	7. <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	8. <input type="checkbox"/> Work <input type="checkbox"/> Training	From / / To / /	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

B. Name: _____

Begin with this person's most recent job or training.

Name and Address of Employer or Training Program <input checked="" type="checkbox"/> Check, if Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid	Name and Address of Employer or Training Program <input checked="" type="checkbox"/> Check, if Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid
1. <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
2. <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
3. <input type="checkbox"/> Work <input type="checkbox"/> Training	From / / To / /	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	7. <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	8. <input type="checkbox"/> Work <input type="checkbox"/> Training	From / / To / /	\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

COUNTY USE ONLY

PRINCIPAL EARNER	DATE OF APPLICATION	QUARTER OF APPLICATION
------------------	---------------------	------------------------

PE* eligible or would have been eligible to receive UIB in last 12 months?

 YES NO

Redetermination — Federal eligibility was determined per CA 2 dated _____

Do only for the PE*	Begin with the quarter prior to the quarter of application	Year												
		Quarter												
		Work (\$50)												
		Training (CWEW/WIN DEMO/GAIN)												

Are there 6 quarters of work and/or training within any one of the 13 consecutive quarter periods?

 YES NOThe last day PE worked? _____ Case is Non-Fed Fed effective _____

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

COUNTY USE ONLY

Principal earner/UIB requirements

Earnings from month prior to month of application

App Date: _____

Earnings from to
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /

Total earnings: _____

UIB:

- Must apply for
 Currently Receiving
 Ineligible/Reason:

Earnings from to
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /

MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /
MO / / MO / / MO / / MO / /

Total earnings: _____

UIB:

- Must apply for
 Currently Receiving
 Ineligible/Reason:
 Verif. on file

<p>(23) Has anyone stopped work or training or refused a job or training in the last 60 days? CA If "YES", complete below:</p>					COUNTY USE ONLY																																																																													
<table border="1"> <tr> <td>NAME OF PERSON</td> <td>NAME AND ADDRESS OF EMPLOYER/TRAINING</td> <td>REASON FOR LEAVING</td> <td>CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____ </td> <td colspan="2"> AFDC FS <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days </td> </tr> <tr> <td>HOURS OF WORK/TRAINING</td> <td colspan="2">LAST DAY OF WORK/TRAINING</td> <td>DATE LAST PAYCHECK RECEIVED:</td> <td colspan="2"></td> </tr> <tr> <td>NAME OF PERSON</td> <td>NAME AND ADDRESS OF EMPLOYER/TRAINING</td> <td>REASON FOR LEAVING</td> <td>CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____ </td> <td colspan="2"> AFDC Empl. Statement <input type="checkbox"/> Good Cause Determ. <input type="checkbox"/> Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td>HOURS OF WORK/TRAINING</td> <td colspan="2">LAST DAY OF WORK/TRAINING</td> <td>DATE LAST PAYCHECK RECEIVED:</td> <td colspan="2"> AFDC Empl. Statement <input type="checkbox"/> Good Cause Determ. <input type="checkbox"/> Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>					NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINING	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____	AFDC FS <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days		HOURS OF WORK/TRAINING	LAST DAY OF WORK/TRAINING		DATE LAST PAYCHECK RECEIVED:			NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINING	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____	AFDC Empl. Statement <input type="checkbox"/> Good Cause Determ. <input type="checkbox"/> Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURS OF WORK/TRAINING	LAST DAY OF WORK/TRAINING		DATE LAST PAYCHECK RECEIVED:	AFDC Empl. Statement <input type="checkbox"/> Good Cause Determ. <input type="checkbox"/> Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																							
NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINING	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____	AFDC FS <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days																																																																														
HOURS OF WORK/TRAINING	LAST DAY OF WORK/TRAINING		DATE LAST PAYCHECK RECEIVED:																																																																															
NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINING	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$ _____	AFDC Empl. Statement <input type="checkbox"/> Good Cause Determ. <input type="checkbox"/> Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																														
HOURS OF WORK/TRAINING	LAST DAY OF WORK/TRAINING		DATE LAST PAYCHECK RECEIVED:	AFDC Empl. Statement <input type="checkbox"/> Good Cause Determ. <input type="checkbox"/> Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																														
<p>(24) Does anyone, including children, get or expect to get money from any source listed below? CA Check (✓) YES or NO for each item.</p>					<input type="checkbox"/> Casualty Unit Notified <input type="checkbox"/> Verif(s) on File Explain Anticip. Income																																																																													
FS <input type="checkbox"/> YES <input type="checkbox"/> NO		<table border="1"> <tr> <td>• Training -Work Study, JTPA, GAIN, or other program</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Strike benefits</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-Other training allowance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Veterans Administration -Disability -GI Bill</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Educational grants, loans and scholarships</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Military allotment or pension</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Welfare -AFDC</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Railroad Retirement Board -Disability -Retirement</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-Refugee Assistance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Other federal, state, or local government agency -Disability -Retirement</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-GA/GR (General Assistance)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Other pension or disability</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• State Benefits -UIB (Unemployment Insurance)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Loans, gifts, contributions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-DIB/SDI (State Disability)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Income from rental property</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Worker's Compensation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Winnings (bingo, lottery, prizes, etc.)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Child/Spousal support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>• Other (Explain)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Social Security Administration -SSI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>-Other disability</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>-Retirement or survivors</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>			• Training -Work Study, JTPA, GAIN, or other program	<input type="checkbox"/>	<input type="checkbox"/>	• Strike benefits	<input type="checkbox"/>	<input type="checkbox"/>	-Other training allowance	<input type="checkbox"/>	<input type="checkbox"/>	• Veterans Administration -Disability -GI Bill	<input type="checkbox"/>	<input type="checkbox"/>	• Educational grants, loans and scholarships	<input type="checkbox"/>	<input type="checkbox"/>	• Military allotment or pension	<input type="checkbox"/>	<input type="checkbox"/>	• Welfare -AFDC	<input type="checkbox"/>	<input type="checkbox"/>	• Railroad Retirement Board -Disability -Retirement	<input type="checkbox"/>	<input type="checkbox"/>	-Refugee Assistance	<input type="checkbox"/>	<input type="checkbox"/>	• Other federal, state, or local government agency -Disability -Retirement	<input type="checkbox"/>	<input type="checkbox"/>	-GA/GR (General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	• Other pension or disability	<input type="checkbox"/>	<input type="checkbox"/>	• State Benefits -UIB (Unemployment Insurance)	<input type="checkbox"/>	<input type="checkbox"/>	• Loans, gifts, contributions	<input type="checkbox"/>	<input type="checkbox"/>	-DIB/SDI (State Disability)	<input type="checkbox"/>	<input type="checkbox"/>	• Income from rental property	<input type="checkbox"/>	<input type="checkbox"/>	• Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	• Winnings (bingo, lottery, prizes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	• Child/Spousal support	<input type="checkbox"/>	<input type="checkbox"/>	• Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>	• Social Security Administration -SSI	<input type="checkbox"/>	<input type="checkbox"/>				-Other disability	<input type="checkbox"/>	<input type="checkbox"/>				-Retirement or survivors	<input type="checkbox"/>	<input type="checkbox"/>			
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If "YES", complete below.					(✓) if exempt																																																																													
WHO	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY) \$ _____	WHEN	HOW OFTEN	AFDC	FS																																																																												
		\$ _____																																																																																
<p>(25) A. Does anyone have child care costs to go to work, to school or training, or to look for a job? CA If "YES", complete below:</p>																																																																																		
FS NAME OF CHILD WHO PROVIDES CARE WHO PAYS HOW MUCH HOW OFTEN WHY CARE IS NEEDED:																																																																																		
<p>CA B. Does anyone have costs for care of a dependent adult or other dependent due to age, infirmity, or illness to go to work, to school or training, or to look for a job? FS If "YES", complete below:</p>					<input type="checkbox"/> YES <input type="checkbox"/> NO																																																																													
NAME WHO PROVIDES CARE WHO PAYS HOW MUCH HOW OFTEN \$ _____																																																																																		
WHY CARE IS NEEDED:																																																																																		

⑥ Does anyone get any of the items listed below free or in exchange for work? <input type="checkbox"/> YES <input type="checkbox"/> NO						COUNTY USE ONLY
CA If "YES", complete below.						In-Kind Income
FS	ITEM RECEIVED	WHO GETS THE ITEM		VALUE	WHO GIVES THE ITEM	Full Earned Partial Unearned
	<input type="checkbox"/> Free <input type="checkbox"/> Exchange			\$		
A. Housing or rent	<input type="checkbox"/> Free <input type="checkbox"/> Exchange			\$		
B. Utilities	<input type="checkbox"/> Free <input type="checkbox"/> Exchange			\$		
C. Food	<input type="checkbox"/> Free <input type="checkbox"/> Exchange			\$		
D. Clothing	<input type="checkbox"/> Free <input type="checkbox"/> Exchange			\$		
⑦ Does anyone own or is anyone buying real estate, such as land and/or buildings, anywhere (in or outside the United States)? <input type="checkbox"/> YES <input type="checkbox"/> NO						Home exempt FS Rental
CA List mobile homes and houseboats if you live in them. FS If "YES", complete below. Include all land/buildings you own, have title to, or share title in.						
TYPE (LAND, HOUSE, APARTMENT, ETC.)	ADDRESS OR LOCATION	USE (HOME, RENTAL, ETC.)	OWNER(S)	ESTIMATED VALUE	AMOUNT OWED	Market Value \$ _____ Amount Owed \$ _____ Net Value \$ _____ Lien Applicable
				\$	\$	
				\$	\$	
⑧ A. Does anyone, including children, have any of the resources listed below? Check (✓) YES or NO for each item. Do not include the home you are living in, household goods, or personal items (books, clothes, etc.). <input type="checkbox"/> YES <input type="checkbox"/> NO						Trust Fund/Not Court Ordered Court Petitioned Date Resource Verified: Explain how: Total Value = \$ _____
CA If "YES", complete below. Include all resources owned, used, controlled, shared or held jointly with or for another person(s). The county will decide if these resources count.						
YES NO		YES NO				
-Cash (on hand or elsewhere)		<input type="checkbox"/> <input type="checkbox"/>		-Notes, mortgages, deeds, sales contracts		<input type="checkbox"/> <input type="checkbox"/>
-Checking account		<input type="checkbox"/> <input type="checkbox"/>		-Retirement Funds (you can get if you stop work)		<input type="checkbox"/> <input type="checkbox"/>
-Savings account/credit union account		<input type="checkbox"/> <input type="checkbox"/>		-IRA or Keogh Plans, etc.		<input type="checkbox"/> <input type="checkbox"/>
-Trust funds		<input type="checkbox"/> <input type="checkbox"/>		-Employee deferred compensation		<input type="checkbox"/> <input type="checkbox"/>
-Stocks, bonds, certificates of deposit, money market accounts, etc.		<input type="checkbox"/> <input type="checkbox"/>		-Other (Explain)		<input type="checkbox"/> <input type="checkbox"/>
-Oil, mining, or mineral rights		<input type="checkbox"/> <input type="checkbox"/>				
If "YES", complete below:						Total Value = \$ _____
TYPE OF RESOURCE	OWNER	CURRENT VALUE	AMOUNT OWED (IF ANY)	NAME AND ADDRESS OF BANK, ETC.	ACCOUNT NUMBER	(✓) if exempt
		\$	\$			AFDC
		\$	\$			FS
		\$	\$			
		\$	\$			
CA B. Does anyone get income from any of these resources? <input type="checkbox"/> YES <input type="checkbox"/> NO						
FS If "YES", complete below.						
WHO	FROM WHAT RESOURCE	HOW MUCH	HOW OFTEN			
		\$				
		\$				

(29)	Is anyone the owner of life insurance policies or burial plans? If "YES", complete below:						<input type="checkbox"/> YES	<input type="checkbox"/> NO	COUNTY USE ONLY	
CA	NAME OF INSURANCE CO.	POLICY NO.	WHO PAYS PREMIUM						<input type="checkbox"/> Verif on file	
								Total Value = \$ _____		
(30)	A. Does anyone own or use personal belongings which cost at least \$100 or are now worth \$100?						<input type="checkbox"/> YES	<input type="checkbox"/> NO		
CA	<ul style="list-style-type: none"> • guns, sporting goods, tools, computers or computer equipment, etc. • jewelry, artwork, antiques, collections, musical equipment (pianos, guitars, • amplifiers, etc.), cameras • pets or livestock 									
If "YES", complete below.										
	ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK(✓) AND LIST CURRENT VALUE)	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK(✓) AND LIST CURRENT VALUE)	AMOUNT OWED		
			\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$		
			\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$		
			\$ <input type="checkbox"/> Gift	\$			\$ <input type="checkbox"/> Gift	\$		
CA FS	B. Does anyone own any recreational property, such as boats, 3-wheelers, off-road vehicles, snowmobiles, campers, trailers, mobile homes or houseboats if you don't live in them, etc.? If "YES", complete below.						<input type="checkbox"/> YES	<input type="checkbox"/> NO	Total Value = \$ _____	
	ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK(✓) AND LIST CURRENT VALUE)	AMOUNT OWED	LICENSE NO./STATE OF REGISTRATION					
			\$ <input type="checkbox"/> Gift	\$						
			\$ <input type="checkbox"/> Gift	\$						
			\$ <input type="checkbox"/> Gift	\$						
CA FS	C. Does anyone own or have the use of any other vehicles, such as cars, trucks, vans, motorcycles, motorhomes, etc.? If "YES", complete below.						<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vehicle Valuation - AFDC	
Include any vehicle with your name on it, even if financed or not running.								(1)	(2)	
If "YES", complete below.								Class		
								Year		
								Value		
								Amt. Owed		
								Net Value		
								\$1500 Exempt		
								1 MV Only		
								Tot. Value		
								Excess Val. = \$		
								Vehicle Valuation-FS (Enter date of blue book issue or other documentation)		
								(1)		
								(2)		
								(3)		
								COUNTY USE ONLY - VEHICLES -FS		
(A)		VEHICLE (1)	VEHICLE (2)	VEHICLE (3)	(B)		Values () ()			
Home, income producing or handicap?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			FMV			
Under \$4500		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			Minus \$4500			
Exempt? For H.H. Use? Work, seek work, school, training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			Excess 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			FMV			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			Minus Encumbrance			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			Equity Value			
If exempt and under \$4500 STOP here; do not go to (B)										
(27) (30)		\$ _____		(AFDC Total Resources)		(FS Total Resources)				
(27), (28), (30B), (30C)		\$ _____								

(31) A. Does anyone have any of the following housing costs? Check (✓) YES or NO for each item.					COUNTY USE ONLY
FS	YES	NO	HOW MUCH	HOW OFTEN BILLED	
Rent	<input type="checkbox"/>	<input type="checkbox"/>	\$		Verify all housing costs
House (mortgage) payment	<input type="checkbox"/>	<input type="checkbox"/>	\$		Total housing \$ _____
Property taxes (If not in house payment)	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Shared housing
Insurance (If not in house payment)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
FS B. Does anyone else pay all or part of these housing costs?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, complete below:					
WHO	WHAT	HOW MUCH	HOW OFTEN BILLED		
		\$			
		\$			
(32) A. Does anyone have costs apart from your rent for any of the following utilities? Check (✓) YES or NO for each item.					
FS	YES	NO	HOW MUCH	HOW OFTEN BILLED	
Gas or electricity (for heating or cooling)	<input type="checkbox"/>	<input type="checkbox"/>	\$		Client Elects:
Propane, oil, wood, or other fuel (for heating or cooling)	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Actual <input type="checkbox"/> SUA
Gas, electricity, or other fuel (for cooking)	<input type="checkbox"/>	<input type="checkbox"/>	\$		Verify client utilities.
Water	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Sewage	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Garbage or trash	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Telephone (basic rate)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Installation of utilities	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
FS B. Does anyone else pay all or part of these utility costs?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", complete below.					
WHO	WHAT	HOW MUCH	HOW OFTEN BILLED		
		\$			
		\$			
(33) You can authorize someone outside your household to pick up your food stamps and to use them to buy your food. If you would like to authorize someone, complete below.					
FS	NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER		
(34) Has anyone sold, spent, or given away any real or personal property in the last 2 years (or 3 months for Food Stamps) such as a house, land, cars, bank accounts, money from a legal or accident insurance settlement, or anything else? If "YES", explain what and when:					<input type="checkbox"/> YES <input type="checkbox"/> NO
					Closed Bank Accts/last 2 yrs? <input type="checkbox"/> YES <input type="checkbox"/> NO

(35)	Does anyone have health, dental, vision, hospitalization or long-term care insurance; Medicare; or health plans such as Kaiser, Ross-Loos, Blue Cross/Blue Shield, CHAMPUS, etc.? CA If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO	COUNTY USE ONLY																													
				<input type="checkbox"/> Dual choice <input type="checkbox"/> Explanation given <input type="checkbox"/> Referral _____ <input type="checkbox"/> NA _____																															
<table border="1"> <thead> <tr> <th>NAME OF INSURANCE</th> <th>PERSON INSURED</th> <th>EXPIRATION DATE</th> <th>PREMIUM/ HOW OFTEN</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>				NAME OF INSURANCE	PERSON INSURED	EXPIRATION DATE	PREMIUM/ HOW OFTEN				\$				\$	<input type="checkbox"/> DHS 6155																			
NAME OF INSURANCE	PERSON INSURED	EXPIRATION DATE	PREMIUM/ HOW OFTEN																																
			\$																																
			\$																																
(36)	Does anyone have any health insurance available from a parent, employer or absent parent that has not been applied for? CA If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO																														
<table border="1"> <thead> <tr> <th>NAME OF INSURANCE</th> <th>PERSON INSURED</th> <th>EXPIRATION DATE</th> <th>PREMIUM/ HOW OFTEN</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>				NAME OF INSURANCE	PERSON INSURED	EXPIRATION DATE	PREMIUM/ HOW OFTEN				\$				\$																				
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			\$																																
			\$																																
(37)	Is anyone's health insurance expected to end or has it ended within the last 60 days? CA If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO																														
<table border="1"> <thead> <tr> <th>NAME OF INSURANCE</th> <th>PERSON INSURED</th> <th>EXPIRATION DATE</th> <th>PREMIUM/ HOW OFTEN</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>				NAME OF INSURANCE	PERSON INSURED	EXPIRATION DATE	PREMIUM/ HOW OFTEN				\$				\$																				
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			\$																																
			\$																																
(38)	Did anyone have any medical expenses in the last 4 months? CA If "YES", does that person(s) wish to apply for Medi-Cal coverage for that period?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MC 210A																													
(39)	Does anyone have any medical or special condition which requires the following? CA Check (✓) YES or NO for each item.																																		
<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Special Diet-Prescribed by a doctor</td> <td></td> <td></td> <td>Very high use of utilities</td> <td></td> <td></td> </tr> <tr> <td>Special transportation need</td> <td></td> <td></td> <td>Special laundry service</td> <td></td> <td></td> </tr> <tr> <td>Special telephone equipment</td> <td></td> <td></td> <td>No place to live</td> <td></td> <td></td> </tr> <tr> <td>Housework (No one in the home can do it)</td> <td></td> <td></td> <td>Other (Explain)</td> <td></td> <td></td> </tr> </tbody> </table>			YES	NO		YES	NO	Special Diet-Prescribed by a doctor			Very high use of utilities			Special transportation need			Special laundry service			Special telephone equipment			No place to live			Housework (No one in the home can do it)			Other (Explain)						
	YES	NO		YES	NO																														
Special Diet-Prescribed by a doctor			Very high use of utilities																																
Special transportation need			Special laundry service																																
Special telephone equipment			No place to live																																
Housework (No one in the home can do it)			Other (Explain)																																
(40)	Due to sudden and unusual circumstances such as an earthquake, fire or flood, does the household want to apply for a special need payment for housing or essential household items lost or damaged? CA If "YES", explain below what the circumstance is.				<input type="checkbox"/> YES <input type="checkbox"/> NO																														
(41)	SOCIAL SERVICES																																		
CA	The following services are free of charge, if you are eligible for cash aid. Your answers to these questions will not affect your eligibility, for Cash Aid or Food Stamps.				<input type="checkbox"/> CHDP Brochure and Explanation Given <input type="checkbox"/> Refused <input type="checkbox"/> Referred Date _____																														
1. Regular check-ups 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. <ol style="list-style-type: none"> Do you want more information about CHDP services? Do you want CHDP medical or dental services? 				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Other Service Referral <input type="checkbox"/> Referred Date _____																													
2. Do you want information about services which may be available to you or about any of the following: Discrimination, family problems, other living arrangements, alcoholism, drug addiction, or mental/emotional problems, special services for blind or visually impaired children and adults, child care, etc.?				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Family Planning Information Given <input type="checkbox"/> Referred Date _____																													
3. Family planning services may be available to help you voluntarily limit family size, decide when you want to have children and prevent unwanted pregnancies. Do you or any member of your family want family planning?				<input type="checkbox"/> YES <input type="checkbox"/> NO																															

CERTIFICATION

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

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

SIGNATURE (PARENT OR CARETAKER RELATIVE, ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)	DATE
SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE
WITNESS, IF YOU SIGNED WITH AN "X"	DATE

COUNTY USE ONLY							
	REGULATIONS MET?				FOOD STAMP TESTS		
	AFDC		FS				
	YES	NO	YES	NO			
Residency/Relocation					Categorical Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO		
Deprivation					Gross Income Test		
Citizen/Alien status					Household Size _____		
School enrollment					Gross Monthly Income \$ _____		
SSN					Gross Income Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
Income-Gross & net income					Separate HH Income Test		
Property-Within limits & verified/amount \$					Household Size _____		
Work registration					Gross Monthly Income \$ _____		
Sponsored alien					Eligible for Separate HH Status <input type="checkbox"/> YES <input type="checkbox"/> NO		
Federal participation established (If NO, explain)					Aged/Disabled <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
					DFA 285-C <input type="checkbox"/> YES <input type="checkbox"/> NO		

AFDC:	SFU Size	AU Size
<input type="checkbox"/> INELIGIBLE (REASON)		
<input type="checkbox"/> ELIGIBLE		AUTHORIZATION DATE
ELIGIBILITY CONDITIONS MET-DATE		EFFECTIVE DATE
ELIGIBILITY WORKER'S SIGNATURE		DATE
SUPERVISOR'S SIGNATURE		DATE
<input type="checkbox"/> INELIGIBLE (REASON)		FS : HH Size
<input type="checkbox"/> ELIGIBLE		
ELIGIBILITY WORKER'S SIGNATURE		DATE
SUPERVISOR'S SIGNATURE		DATE

DECLARACION DE DATOS PARA ASISTENCIA MONETARIA Y ESTAMPILLAS PARA COMIDA - (BC JA 2) CA 2/DFA 285-A2

Instrucciones para completar la declaración conjunta de datos para asistencia monetaria y estampillas para comida.

Anote las respuestas a todas las preguntas referentes a los beneficios que usted está solicitando. Las iniciales "CA" para Asistencia Monetaria y "FS" para estampillas para comida que aparecen al lado izquierdo de cada pregunta, le indican cuáles preguntas son para cada programa. Escriba todas las respuestas con letra de imprenta y con tinta (la tinta negra es mejor). Si está contestando por alguien más, las palabras "solicitante", "usted" y "cualquier persona" significan las personas para las cuales usted está presentando la solicitud. Si necesita más espacio, adjunte otra hoja. Use pruebas (como cobros, recibos y documentos) para ayudarse a llenar esta forma. Déle a su trabajador(a) cualquier prueba que usted tenga, para apoyar su respuesta. Si necesita ayuda para obtener pruebas o para llenar esta forma, pidáselas a su trabajador. Si está solicitando estampillas para comida y usted no es miembro del hogar para fines del programa, adjunte una autorización por escrito firmada por el jefe de la familia, u otro miembro del hogar.

NOMBRE DE LA PERS. QUE PRESENTA LA SOLIC. O PARIENTE ENCARG. DE LOS NIÑOS PARA LOS QUE SE SOLICITA:			TELEFONO EN CASA ()			
CA	DIRECCION EN EL HOGAR	NUMERO CALLE	DIRECCION POSTAL (SI ES DIFERENTE)	TELEFONO DURANTE EL DIA ()		
FS	CIUDAD	ESTADO	ZONA POSTAL	CIUDAD	ESTADO	ZONA POSTAL

SOLO PARA USO DEL CONDADO	
CASE NAME	
CASE NUMBER	
WORKER	DATE RGD
<input type="checkbox"/> New	<input type="checkbox"/> Retroactive
<input type="checkbox"/> Redeterm	<input type="checkbox"/> Recert
<input type="checkbox"/> Residency verified	
<input type="checkbox"/> FS ID verified	
<input type="checkbox"/> FS Aged/Disabled verified	

(1) Anote a cada adulto que viva en el hogar, Incluyéndose a sí mismo(a)

A NOMBRE (PRIMERO DE ENMEDIO APELLIDO)	SITUACION COMO CIUDADANO/EXTRANJERO, MARQUE (✓)	
<input type="checkbox"/> Ciudadano/nacional de los EU	<input type="checkbox"/> Extranjero indocument.	
<input type="checkbox"/> Extranjero legal: <input type="checkbox"/> Patrocinado <input type="checkbox"/> Refugiado <input type="checkbox"/> Otro		
CA		
FS NUMERO DEL SEGURO SOCIAL	SEXO MARQUE (✓)	PARENTESCO CON EL SOLICITANTE/PARIENTE ENCARGADO
<input type="checkbox"/> M <input type="checkbox"/> F		

Standard Filing Unit	Assist-ance Unit	FS Non-HH/Excluded Member Code
----------------------	------------------	--------------------------------

LUGAR DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)	FECHA DE NAC.	¿CIEGO O INCAPACITADO?
		<input type="checkbox"/> SI <input type="checkbox"/> NO
CLASE DE ASISTENCIA QUE SE SOLICITA, MARQUE (✓)	ESTADO CIVIL MARQUE (✓)	
<input type="checkbox"/> Asistencia monetaria <input type="checkbox"/> Estamp. para comida <input type="checkbox"/> Ninguna	<input type="checkbox"/> Casado <input type="checkbox"/> Nunca casado <input type="checkbox"/> Separado	
	<input type="checkbox"/> Divorciado <input type="checkbox"/> Viven juntos <input type="checkbox"/> Viudo	

Work Registration/Exemption		
AFDC STATUS	FS	

B NOMBRE (PRIMERO DE ENMEDIO APELLIDO)	SITUACION COMO CIUDADANO/EXTRANJERO, MARQUE (✓)	
<input type="checkbox"/> Ciudadano/nacional de los EU	<input type="checkbox"/> Extranjero indocument.	
<input type="checkbox"/> Extranjero legal: <input type="checkbox"/> Patrocinado <input type="checkbox"/> Refugiado <input type="checkbox"/> Otro		
NUMERO DEL SEGURO SOCIAL	SEXO MARQUE (✓)	PARENTESCO CON EL SOLICITANTE/PARIENTE ENCARGADO
<input type="checkbox"/> M <input type="checkbox"/> F		

Standard Filing Unit	Assist-ance Unit	FS Non-HH/Excluded Member Code
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LUGAR DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)	FECHA DE NAC.	¿CIEGO O INCAPACITADO?
		<input type="checkbox"/> SI <input type="checkbox"/> NO
CLASE DE ASISTENCIA QUE SE SOLICITA, MARQUE (✓)	ESTADO CIVIL MARQUE (✓)	
<input type="checkbox"/> Asistencia monetaria <input type="checkbox"/> Estamp. para comida <input type="checkbox"/> Ninguna	<input type="checkbox"/> Casado <input type="checkbox"/> Nunca casado <input type="checkbox"/> Separado	
	<input type="checkbox"/> Divorciado <input type="checkbox"/> Viven juntos <input type="checkbox"/> Viudo	

Work Registration/Exemption		
AFDC STATUS	FS	

C NOMBRE (PRIMERO DE ENMEDIO APELLIDO)	SITUACION COMO CIUDADANO/EXTRANJERO, MARQUE (✓)	
<input type="checkbox"/> Ciudadano/nacional de los EU	<input type="checkbox"/> Extranjero indocument.	
<input type="checkbox"/> Extranjero legal: <input type="checkbox"/> Patrocinado <input type="checkbox"/> Refugiado <input type="checkbox"/> Otro		
NUMERO DEL SEGURO SOCIAL	SEXO MARQUE (✓)	PARENTESCO CON EL SOLICITANTE/PARIENTE ENCARGADO
<input type="checkbox"/> M <input type="checkbox"/> F		

Standard Filing Unit	Assist-ance Unit	FS Non-HH/Excluded Member Code
----------------------	------------------	--------------------------------

LUGAR DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)	FECHA DE NAC.	¿CIEGO O INCAPACITADO?
		<input type="checkbox"/> SI <input type="checkbox"/> NO
CLASE DE ASISTENCIA QUE SE SOLICITA, MARQUE (✓)	ESTADO CIVIL MARQUE (✓)	
<input type="checkbox"/> Asistencia monetaria <input type="checkbox"/> Estamp. para comida <input type="checkbox"/> Ninguna	<input type="checkbox"/> Casado <input type="checkbox"/> Nunca casado <input type="checkbox"/> Separado	
	<input type="checkbox"/> Divorciado <input type="checkbox"/> Viven juntos <input type="checkbox"/> Viudo	

Work Registration/Exemption		
AFDC STATUS	FS	

D NOMBRE (PRIMERO DE ENMEDIO APELLIDO)	SITUACION COMO CIUDADANO/EXTRANJERO, MARQUE (✓)	
<input type="checkbox"/> Ciudadano/nacional de los EU	<input type="checkbox"/> Extranjero indocument.	
<input type="checkbox"/> Extranjero legal: <input type="checkbox"/> Patrocinado <input type="checkbox"/> Refugiado <input type="checkbox"/> Otro		
NUMERO DEL SEGURO SOCIAL	SEXO MARQUE (✓)	PARENTESCO CON EL SOLICITANTE/PARIENTE ENCARGADO
<input type="checkbox"/> M <input type="checkbox"/> F		

Standard Filing Unit	Assist-ance Unit	FS Non-HH/Excluded Member Code
----------------------	------------------	--------------------------------

LUGAR DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)	FECHA DE NAC.	¿CIEGO O INCAPACITADO?
		<input type="checkbox"/> SI <input type="checkbox"/> NO
CLASE DE ASISTENCIA QUE SE SOLICITA, MARQUE (✓)	ESTADO CIVIL MARQUE (✓)	
<input type="checkbox"/> Asistencia monetaria <input type="checkbox"/> Estamp. para comida <input type="checkbox"/> Ninguna	<input type="checkbox"/> Casado <input type="checkbox"/> Nunca casado <input type="checkbox"/> Separado	
	<input type="checkbox"/> Divorciado <input type="checkbox"/> Viven juntos <input type="checkbox"/> Viudo	

Work Registration/Exemption		
AFDC STATUS	FS	

Non-Household/Excluded Member Codes (63-402)

1. Separate household (.12, .13) (Purchase/prepare)
2. Separate household (.15) (Elderly/disabled)
3. Roomer (.211)(must be listed in 13)
4. Live-in attendant (.212)
5. Other (.213) (Shared living quarters)
6. Ineligible alien (.221)
7. Boarder (.3)(must be listed in 13)
8. SSN disqualified (.222)
9. IPV disqualified (.223)
10. Workfare sanctioned (.224)
11. SSI/SSP recipient (.225)
12. Ineligible student (.226)
13. Work requirement disqualified (.227)
14. Questionable citizenship (403.312)

Work Exemption Codes (63-407.21)

- a. Under 16/60 or older
- a(1) 16/17 not head of household; or 16/17 in school/training at least 1/2 time
- b. Mentally/physically unfit
- c. GAIN registered
- d. Cares for child under 6 or incapacitated person
- e. UIB registered
- f. Participant in drug/alcohol program
- g. 30 hour week/min. x 30
- h. Meets student eligibility requirements

(2) List every child living in the home.

CA
FSCHILD(REN) NEED AID
DUE TO PARENTS
(✓) BELOW FOR EACH
CHILD

DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT

COUNTY USE ONLY

A CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

SEX (✓)

 M F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

TYPE OF AID REQUESTED:

 Cash Aid Food Stamps None

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

MOTHER'S NAME

FATHER'S NAME

BLIND OR DISABLED?

 YES NO

CITIZEN/ALIEN STATUS CHECK (✓)

 U.S. Citizen/National UndocumentedLawful alien: Sponsored Refugee OtherStandard
Filing UnitAssist-
ance
UnitFS Non-
HH/Excluded
Member Code

Work Registration/Exemption

AFDC STATUS

FS

Verified: Deprivation Age
 Citizen/Alien SSN**B** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

SEX (✓)

 M F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

TYPE OF AID REQUESTED:

 Cash Aid Food Stamps None

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

MOTHER'S NAME

FATHER'S NAME

BLIND OR DISABLED?

 YES NO

CITIZEN/ALIEN STATUS CHECK (✓)

 U.S. Citizen/National UndocumentedLawful alien: Sponsored Refugee OtherStandard
Filing UnitAssist-
ance
UnitFS Non-
HH/Excluded
Member Code

Work Registration/Exemption

AFDC STATUS

FS

Verified: Deprivation Age
 Citizen/Alien SSN**C** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

SEX (✓)

 M F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

TYPE OF AID REQUESTED:

 Cash Aid Food Stamps None

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

MOTHER'S NAME

FATHER'S NAME

BLIND OR DISABLED?

 YES NO

CITIZEN/ALIEN STATUS CHECK (✓)

 U.S. Citizen/National UndocumentedLawful alien: Sponsored Refugee OtherStandard
Filing UnitAssist-
ance
UnitFS Non-
HH/Excluded
Member Code

Work Registration/Exemption

AFDC STATUS

FS

Verified: Deprivation Age
 Citizen/Alien SSN**D** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

SEX (✓)

 M F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

TYPE OF AID REQUESTED:

 Cash Aid Food Stamps None

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

MOTHER'S NAME

FATHER'S NAME

BLIND OR DISABLED?

 YES NO

CITIZEN/ALIEN STATUS CHECK (✓)

 U.S. Citizen/National UndocumentedLawful alien: Sponsored Refugee OtherStandard
Filing UnitAssist-
ance
UnitFS Non-
HH/Excluded
Member Code

Work Registration/Exemption

AFDC STATUS

FS

Verified: Deprivation Age
 Citizen/Alien SSN**E** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

SEX (✓)

 M F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

TYPE OF AID REQUESTED:

 Cash Aid Food Stamps None

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

MOTHER'S NAME

FATHER'S NAME

BLIND OR DISABLED?

 YES NO

CITIZEN/ALIEN STATUS CHECK (✓)

 U.S. Citizen/National UndocumentedLawful alien: Sponsored Refugee OtherStandard
Filing UnitAssist-
ance
UnitFS Non-
HH/Excluded
Member Code

Work Registration/Exemption

AFDC STATUS

FS

Verified: Deprivation Age
 Citizen/Alien SSN**F** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

SEX (✓)

 M F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE

TYPE OF AID REQUESTED:

 Cash Aid Food Stamps None

RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE

MOTHER'S NAME

FATHER'S NAME

BLIND OR DISABLED?

 YES NO

CITIZEN/ALIEN STATUS CHECK (✓)

 U.S. Citizen/National UndocumentedLawful alien: Sponsored Refugee OtherStandard
Filing UnitAssist-
ance
UnitFS Non-
HH/Excluded
Member Code

Work Registration/Exemption

AFDC STATUS

FS

Verified: Deprivation Age
 Citizen/Alien SSN

(3) Does anyone want aid because of pregnancy?

If "YES", complete below:

FS WHO IS PREGNANT?

EXPECTED DATE OF BIRTH

FATHER OF THE UNBORN

 YES i NO

Verif Date _____
 Special Need
 Eff _____

WIC Referral
 CA2.1/DA Referral

CHECK (✓) THE BOX(ES) THAT APPLIES TO THE FATHER OF THE UNBORN

 Deceased Disabled Absent Unemployed

<p>(4) ¿Es alguien que viva en el hogar un hijo de cuidado de crianza temporal? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", ¿quién?: _____</p>				SOLO PARA USO DEL CONDADO							
<p>(5) ¿Desea usted asistencia para cualquier niño que no esté viviendo en el hogar? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", explique por qué no está el niño en el hogar y complete la sección que sigue:</p>											
NOMBRE DEL NIÑO (NOMBRE, NOMBRE DE EN MEDIO, APELLIDO)		SITUACION COMO CIUDADANO/EXTRANJERO (✓)		<table border="1"> <tr> <td>Standard Filing Unit</td> <td>Assistance Unit</td> <td>MFG</td> <td>FS Non-HH/Excluded Member Code</td> </tr> </table>				Standard Filing Unit	Assistance Unit	MFG	FS Non-HH/Excluded Member Code
Standard Filing Unit	Assistance Unit	MFG	FS Non-HH/Excluded Member Code								
NUMERO DEL SEGURO SOCIAL		SEXO (✓) <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Ciudadano/nacional de los E.U. <input type="checkbox"/> Extranjero indocumentado <input type="checkbox"/> Extranjero legal <input type="checkbox"/> Patrocinado <input type="checkbox"/> Refugiado <input type="checkbox"/> Otro							
LUGAR DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)		FECHA DE NACIMIENTO		¿CIEGO O INCAPACITADO? <input type="checkbox"/> SI <input type="checkbox"/> NO							
MARQUE (✓) LAS CASILLAS QUE APLICAN AL PADRE/MADRE DE ESTE NIÑO				NOMBRE DE LA MADRE							
<input type="checkbox"/> Muerto <input type="checkbox"/> Incapacitado <input type="checkbox"/> Ausente <input type="checkbox"/> Desempleado											
PARENTESCO CON EL SOLICITANTE/PARENTE ENCARGADO DEL CUIDADO				NOMBRE DEL PADRE							
<p>(6) ¿Vive fuera del hogar cualquiera de los padres del niño, o el padre/madre del niño que aun no ha nacido que se mencionó en el ② o en el ③ ? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", anote al padre/madre y explique por qué no vive en el hogar.</p>				<input type="checkbox"/> CA2.1/DA Referral							
<p>(7) ¿Viven todos en California y planean continuar viviendo aquí? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "no", explique: FS _____</p>											
<p>(8) ¿Ha vivido alguien en California por lo menos los últimos 12 meses consecutivos? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Complete la sección que sigue por cada persona para la que solicita beneficios.</p>				State Code: _____ RFG Level: _____ RFG Months: _____							
¿QUIEN?		ULTIMA RESIDENCIA FUERA DEL ESTADO (CIUDAD, ESTADO)		FECHA EN QUE LLEGO A CALIFORNIA							
<p>(9) A. ¿Se ha descontinuado a alguien de la asistencia monetaria o de las estampillas para comida por no cooperar por cualquier razón, incluyendo una revisión de control de calidad o por sanciones de trabajo o entrenamiento? Si "sí", explique abajo:</p>				<input type="checkbox"/> SI <input type="checkbox"/> NO							
<p>CA FS ¿QUIEN? _____</p>				<p>¿POR QUE? _____</p>							
<p>CA FS B. ¿Se ha descalificado a alguien de los programas de asistencia monetaria o estampillas para comida durante 6 meses, 12 meses, o permanentemente por Violaciones Intencionales del Programa?</p>				<input type="checkbox"/> SI <input type="checkbox"/> NO							
<p>Si "sí", explique en la sección que sigue:</p>											
¿QUIEN?		¿POR QUE?		¿CUANDO?		¿QUE CONDADO/ESTADO?					

						COUNTY USE ONLY	
(10) FS	Does anyone buy food and fix meals separately from anyone else?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
						Separate household requested: <input type="checkbox"/> YES <input type="checkbox"/> NO	
(11) FS	Is anyone age 60 or older and unable to purchase and prepare meals separately because of a disability? If "YES", Who:				<input type="checkbox"/> YES <input type="checkbox"/> NO		
(12) FS	Does anyone get food from any program such as Meals on Wheels, a food distribution program operated by an Indian Reservation, communal dining facility for the elderly or disabled or any other program? If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO		
WHO	NAME OF PROGRAM	WHO	NAME OF PROGRAM				
(13) Does anyone live in a homeless shelter, shelter for battered women, federally subsidized housing for the elderly, drug or alcoholic rehabilitation center, group living arrangement for the blind/disabled, etc.? If "YES", explain:						<input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO	NAME OF CENTER, SHELTER, ETC.				FS Eligible Institution <input type="checkbox"/> YES <input type="checkbox"/> NO		
(14) FS CA	A. Does anyone pay you for meals and/or a room? If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO		Household Elects
	NAME	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY		ROOMER BOARDER HH MEMBER
B. FS CA	Do you pay anyone for meals and/or a room? If "YES", explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO		Household Elects
	NAME	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY		ROOMER BOARDER HH MEMBER
(15) CA FS	Is anyone 16 years of age or older enrolled in school, college or a training program? If "YES", explain below:				<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FS Eligible student <input type="checkbox"/> YES <input type="checkbox"/> NO Verified:	
NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	FS Eligible student <input type="checkbox"/> YES <input type="checkbox"/> NO Verified:	
(16) CA	Is anyone a parent 16 - 19 years of age? If "YES", complete below:				<input type="checkbox"/> YES <input type="checkbox"/> NO		
WHO	AGE	HIGH SCHOOL GRADUATION STATUS CHECK (✓) <input type="checkbox"/> High school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> Other (explain):					
WHO	AGE	HIGH SCHOOL GRADUATION STATUS CHECK (✓) <input type="checkbox"/> High school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> Other (explain):					

<p>(17) ¿Ha estado alguien en el servicio militar de los E.U. o es alguien la esposa(o), CA padre/madre o hijo(a) de una persona que ha estado en el servicio militar? Si "sí", explique enseguida:</p>					PARA USO DEL CONDADO	
					<input type="checkbox"/> SI <input type="checkbox"/> NO <input type="checkbox"/> CA 5	
<p>(18) ¿Está trabajando ahora alguien, o espera trabajar en los próximos dos meses? CA Si "sí", complete la sección que sigue: FS (NOTA: Si tiene negocio propio, anote y explique los gastos en una hoja de papel por separado y adjúntela a esta forma)</p>					Earnings & Expenses (✓) Check if exempt AFDC FS Self-employed farmer?	
NOMBRE DE LA PERSONA		OCCUPACION	¿NEGOCIO PROPIO? <input type="checkbox"/> SI <input type="checkbox"/> NO	NOMBRE DEL PATRONO		<input type="checkbox"/> YES <input type="checkbox"/> NO
DIAS/HORAS TRABAJADAS POR MES		FECHA(S) DE PAGO	SALARIO ANTES DE LAS DEDUCCIONES \$ por	¿PROPINAS O COMISIONES? <input type="checkbox"/> SI <input type="checkbox"/> NO		
NOMBRE DE LA PERSONA		OCCUPACION	¿NEGOCIO PROPIO? <input type="checkbox"/> SI <input type="checkbox"/> NO	NOMBRE DEL PATRONO		<input type="checkbox"/> YES <input type="checkbox"/> NO
DIAS/HORAS TRABAJADAS POR MES		FECHA(S) DE PAGO	SALARIO ANTES DE LAS DEDUCCIONES \$ por	¿PROPINAS O COMISIONES? <input type="checkbox"/> SI <input type="checkbox"/> NO		
NOMBRE DE LA PERSONA		OCCUPACION	¿NEGOCIO PROPIO? <input type="checkbox"/> SI <input type="checkbox"/> NO	NOMBRE DEL PATRONO		<input type="checkbox"/> YES <input type="checkbox"/> NO
DIAS/HORAS TRABAJADAS POR MES		FECHA(S) DE PAGO	SALARIO ANTES DE LAS DEDUCCIONES \$ por	¿PROPINAS O COMISIONES? <input type="checkbox"/> SI <input type="checkbox"/> NO		<input type="checkbox"/> Verif(s) on file
<p>(19) ¿Ha solicitado o recibido alguien beneficios del seguro contra desempleo CA o incapacidad en los últimos 12 meses? FS Si "sí", complete la sección que sigue:</p>					<input type="checkbox"/> SI <input type="checkbox"/> NO	
NOMBRE		FECHA DE LA SOLICITUD	¿DONDE? (CONDADO/ESTADO)	ULTIMA FECHA EN QUE SE RECIBIO		
<p>(20) ¿Paga alguien mantenimiento de hijos o de esposa(o)? CA Si "sí", complete la sección que sigue:</p>					<input type="checkbox"/> SI <input type="checkbox"/> NO	
¿QUIEN PAGA?		¿PARA QUIEN?	CANTIDAD POR MES \$	¿LO ORDENA LA CORTE? <input type="checkbox"/> SI <input type="checkbox"/> NO	<input type="checkbox"/> Court Order on file Amount Ordered \$ _____ <input type="checkbox"/> Court petitioned	
<p>(21) ¿Está alguien en huelga? CA Si "sí", complete la sección que sigue:</p>					<input type="checkbox"/> SI <input type="checkbox"/> NO	
FS NOMBRE DE LA PERSONA EN HUELGA		NOMBRE DEL SINDICATO	NOMBRE Y DIRECCION DEL PATRONO/PROGRAMA DE ENTRENAMIENTO		FECHA EN QUE ENTRÓ A LA HUELGA	Striker Regs Apply <input type="checkbox"/> AFDC <input type="checkbox"/> FS

Historial de empleo

Page 6 of 12

- (22) ¿Ha trabajado o recibido entrenamiento en los últimos 5 años, cualquier padre/madre que vive en el hogar?** SI NO
CA
- Incluya todo el trabajo hecho fuera de los E.U.
 - Incluya trabajo hecho a cambio de algo que no sea dinero, como renta (alquiler), alimentos, servicios públicos y municipales o cualquier otra cosa. Si "sí", complete la sección que sigue.

A. Nombre:

Comience con el empleo o entrenamiento más reciente de esta persona.

Nombre y dirección del patrono o programa de entrenamiento		Empleado cuando De / / Mes Día Año / /	Cantidad que se le paga	Nombre y dirección del patrono o programa de entrenamiento		Empleado cuando De / / Mes Día Año / /	Cantidad que se le paga
(✓) Marque, si es trabajo o entrenamiento		A		(✓) Marque, si es trabajo o entrenamiento		A	
1. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	5. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual
2. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	6. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual
3. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	7. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual
4. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	8. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual

B. Nombre:

Comience con el empleo o entrenamiento más reciente de esta persona.

Nombre y dirección del patrono o programa de entrenamiento		Empleado cuando De / / Mes Día Año / /	Cantidad que se le paga	Nombre y dirección del patrono o programa de entrenamiento		Empleado cuando De / / Mes Día Año / /	Cantidad que se le paga
(✓) Marque, si es trabajo o entrenamiento		A		(✓) Marque, si es trabajo o entrenamiento		A	
1. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	5. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual
2. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	6. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual
3. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	7. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual
4. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual	8. <input type="checkbox"/> Trabajo <input type="checkbox"/> Entrenamiento		De / / A	\$ <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual

SOLO PARA USO DEL CONDADO

PRINCIPAL EARNER	DATE OF APPLICATION	QUARTER OF APPLICATION
------------------	---------------------	------------------------

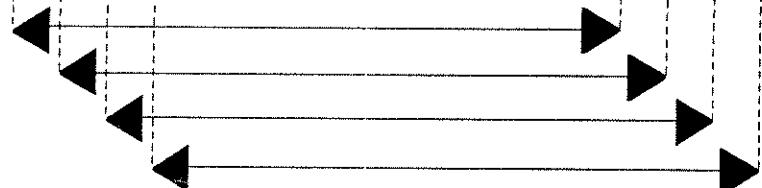
PE* eligible or would have been eligible to receive UIB in last 12 months? YES NO

Redetermination — Federal eligibility was determined per CA 2 dated _____

Do only for the PE*	Begin with the quarter prior to the quarter of application	Year													
		Quarter													
		Work (\$50)													
		Training (CWEPAWIN DEMO/GAIN)													

Are there 6 quarters of work and/or training within any one of the 13 consecutive quarter periods?

YES NO



The last day PE worked? _____ Case is Non-Fed Fed effective _____

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

PARA USO DEL CONDADO

Principal earner/UIB requirements

Earnings from month prior to month of application

App Date: _____

Earnings from to _____

MO / MO / MO / MO

Total earnings: _____

UIB:

- Must apply for
- Currently Receiving
- Ineligible/Reason:

Verif. on file

App Date: _____

Earnings from to _____

MO / MO / MO / MO

Total earnings: _____

UIB:

- Must apply for
 - Currently Receiving
 - Ineligible/Reason:
- Verif. on file

<p>(23) ¿Ha parado alguien de trabajar, o un entrenamiento, o ha rehusado un trabajo en los últimos 60 días?</p> <p>CA Si "sí", complete la sección que sigue:</p> <p>FS</p>					<input type="checkbox"/> SI <input type="checkbox"/> NO	PARA USO DEL CONDADO	
					<input type="checkbox"/> AFDC <input type="checkbox"/> FS		
					<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days		
					AFDC Empl. Statement <input type="checkbox"/>		
					Good Cause Determ. <input type="checkbox"/>		
					Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO		
					AFDC Emp. Statement <input type="checkbox"/>		
					Good Cause Determ. <input type="checkbox"/>		
					Voluntary Quit? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>(24) ¿Recibe alguien, incluyendo niños, o espera recibir dinero de cualquier fuente mencionada enseguida?</p> <p>CA Marque (✓) Si o NO cada artículo.</p> <p>FS</p>					<input type="checkbox"/> Casuality Unit Notified <input type="checkbox"/> Verif(s) on File Explain Anticip. Income		
SI		NO					
<ul style="list-style-type: none"> • Entrenamiento <ul style="list-style-type: none"> - Empleo a condición de estudios, JTPA, GAIN, u otro programa <input type="checkbox"/> <input type="checkbox"/> - Otra asignación para entrenamiento <input type="checkbox"/> <input type="checkbox"/> 		<ul style="list-style-type: none"> • Beneficios de huelga <input type="checkbox"/> <input type="checkbox"/> • Admin. de Benef. para Veteranos <ul style="list-style-type: none"> - Incapacidad <input type="checkbox"/> <input type="checkbox"/> - GI Bill (beneficios del servicio militar) <input type="checkbox"/> <input type="checkbox"/> • Asignación o pensión militar <input type="checkbox"/> <input type="checkbox"/> • Directiva de Jubilación del Ferrocarril <ul style="list-style-type: none"> - Incapacidad <input type="checkbox"/> <input type="checkbox"/> - Jubilación <input type="checkbox"/> <input type="checkbox"/> • Otra dependencia federal, del estado o local <ul style="list-style-type: none"> - Incapacidad <input type="checkbox"/> <input type="checkbox"/> - Jubilación <input type="checkbox"/> <input type="checkbox"/> • Otra pensión o incapacidad <input type="checkbox"/> <input type="checkbox"/> • Préstamos, regalos, contribuciones <input type="checkbox"/> <input type="checkbox"/> • Ingresos por alquiler de bienes <input type="checkbox"/> <input type="checkbox"/> • Premios (bingo, lotería, etc.) <input type="checkbox"/> <input type="checkbox"/> • Otro (Explique) <input type="checkbox"/> <input type="checkbox"/> 					
Si "sí", complete la sección que sigue.					(✓) if exempt		
¿QUIEN?		¿QUE?		CUANTIDAD (ANTES DE LAS DEDUCCIONES, SI LAS HAY)	¿CUANDO?	FRECUENCIA	AFDC
				\$			
				\$			
<p>(25) A. ¿Tiene alguien gastos de cuidado de niños para poder ir a trabajar o entrena miento, o para buscar trabajo?</p> <p>CA Si "sí", complete la sección que sigue:</p> <p>FS</p>					<input type="checkbox"/> SI <input type="checkbox"/> NO		
NOMBRE DEL NIÑO		¿QUIEN DA EL CUIDADO?	¿QUIEN PAGA?	¿CUANTO?	FRECUENCIA		
				\$			
<p>¿POR QUÉ SE NECESITA EL CUIDADO?</p> <p>CA B. ¿Tiene alguien gastos por el cuidado de un adulto que dependa de alguien debido a edad, debilidad, o enfermedad para poder ir a trabajar, a la escuela, a entrenamiento, o para buscar trabajo?</p> <p>FS Si "sí", complete la sección que sigue:</p>							
NOMBRE		¿QUIEN DA EL CUIDADO?	¿QUIEN PAGA?	¿CUANTO?	FRECUENCIA		
				\$			
<p>¿POR QUÉ SE NECESITA EL CUIDADO?</p>							

(26) CA FS	¿Recibe alguien cualquiera de los artículos que se mencionan enseguida gratis o a cambio de trabajo? Si "sí", complete la sección que sigue.				<input type="checkbox"/> SI	<input type="checkbox"/> NO	SOLO PARA USO DEL CONDADO			
								In-Kind Income		
	ARTICULO QUE SE RECIBE		PERSONA QUE LO RECIBE	VALOR	PERSONA QUE DA EL ARTICULO					
A. Vivienda o renta	<input type="checkbox"/> Gratis	<input type="checkbox"/> A cambio		\$			<input type="checkbox"/> Verif. on file	<input type="checkbox"/> Full		
B. Servicios públicos y municipales	<input type="checkbox"/> Gratis	<input type="checkbox"/> A cambio		\$			<input type="checkbox"/> Partial	<input type="checkbox"/> Earned		
C. Alimentos	<input type="checkbox"/> Gratis	<input type="checkbox"/> A cambio		\$			<input type="checkbox"/> <input type="checkbox"/> Unearned	<input type="checkbox"/>		
D. Ropa	<input type="checkbox"/> Gratis	<input type="checkbox"/> A cambio		\$			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
(27) CA FS	¿Es alguien dueño de, o está abonando bienes inmuebles, como terrenos y/o edificios en cualquier lugar (en o fuera de los Estados Unidos)? Anote casas móviles y casas flotantes si vive en ellas.				<input type="checkbox"/> SI	<input type="checkbox"/> NO				
	Si "sí", complete la sección que sigue. Incluya todos los terrenos/edificios de que usted sea dueño, para el cual tenga título, o comparta el título de propiedad.							<input type="checkbox"/> Home exempt		
CLASE (TERRENO, CASA, APARTAMENTO, ETC.)		DIRECCION O LOCALIZACION	USO (HOGAR, RENTA, ETC.)	DUEÑO(S)	VALOR CALCULADO	CANTIDAD QUE SE DEBE	<input type="checkbox"/> FS Rental			
					\$	\$				
					\$	\$				
(28) CA FS	A. ¿Tiene alguien, incluyendo niños, cualquiera de los recursos que se mencionan enseguida? Marque (✓) cada artículo SI o NO. No incluya el hogar donde usted vive, artículos del hogar o personales (libros, ropa, etc.). Si "sí", complete la sección que sigue. Incluya todos los recursos de que sea dueño(a), use, controle, comparta o retenga conjuntamente con o para otra persona(s). El condado decidirá si estos recursos cuentan.				<input type="checkbox"/> SI	<input type="checkbox"/> NO				
	SI		NO		SI		NO			
-Efectivo (a la mano o en cualquier otro lugar)	<input type="checkbox"/>	<input type="checkbox"/>	-Pagarés, hipotecas, escrituras contratos de venta	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Trust Fund/Not Court Ordered	
-Cuenta de cheques	<input type="checkbox"/>	<input type="checkbox"/>	-Fondos de jubilación (que usted puede recibir si deja de trabajar)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Court Petitioned Date	
-Cuenta de ahorros/Cta. con la unión de crédito	<input type="checkbox"/>	<input type="checkbox"/>	-Planes IRA o Keogh, etc.	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Resource Verified: Explain how:	
-Fondos en fideicomiso	<input type="checkbox"/>	<input type="checkbox"/>	-Postergación parcial del salario	<input type="checkbox"/>	<input type="checkbox"/>				Total Value = \$ _____	
-Acciones, bonos, certificados de depósito cuentas a plazo fijo, etc.	<input type="checkbox"/>	<input type="checkbox"/>	-Otro (Explique)	<input type="checkbox"/>	<input type="checkbox"/>					
-Derechos sobre petróleo, minas o minerales	<input type="checkbox"/>	<input type="checkbox"/>								
Si "sí", complete la sección que sigue:										
CLASE DE RECURSO	DUEÑO	VALOR ACTUAL	CANTIDAD DEBIDA (SI LA HAY)	NOMBRE Y DIRECCION DEL BANCO, ETC.	NUMERO DE CUENTA	<input checked="" type="checkbox"/> if exempt				
		\$	\$						AFDC	
		\$	\$						FS	
		\$	\$							
		\$	\$							
CA FS	B. ¿Recibe alguien ingresos provenientes de cualquiera de estos recursos? Si "sí", complete la sección que sigue.				<input type="checkbox"/> SI	<input type="checkbox"/> NO				
¿QUEN?	¿PROVENIENTES DE CUAL FUENTE?		¿CUANTO?	FRECUENCIA						
	\$									
	\$									
	\$									

<p>(29) ¿Es alguien el dueño(a) de pólizas de seguro de vida o planes de entierro? CA Si "sí", complete la sección que sigue:</p>							COUNTY USE ONLY	
						<input type="checkbox"/> SI <input type="checkbox"/> NO		
NOMBRE DE LA COMPAÑIA DE SEGUROS		NO. DE LA POLIZA		¿QUIEN PAGA LA PRIMA?				
<p>(30) A. ¿Es dueño alguien, o usa bienes personales que cuesten por lo menos \$100 o tienen ahora un valor de \$100? CA</p> <ul style="list-style-type: none"> • pistolas, artículos deportivos, herramientas, equipo de computadoras, etc. • joyería, artículos de arte, antigüedades, equipo de música (pianos, guitarras, amplificadores, etc.), cámaras • mascotas o ganado <p>Si "sí", complete la sección que sigue.</p>							<input type="checkbox"/> SI <input type="checkbox"/> NO	
ARTICULO		FECHA DE COMPRA SI ES REGALO, MARQUE(✓) Y ANOTE EL VALOR ACTUAL	PRECIO DE COMPRA SI ES REGALO, MARQUE(✓) Y ANOTE EL VALOR ACTUAL	CANTIDAD DEBIDA	ARTICULO	FECHA DE COMPRA SI ES REGALO, MARQUE(✓) Y ANOTE EL VALOR ACTUAL	PRECIO DE COMPRA SI ES REGALO, MARQUE(✓) Y ANOTE EL VALOR ACTUAL	CANTIDAD DEBIDA
		\$ <input type="checkbox"/> Regalo	\$			\$ <input type="checkbox"/> Regalo	\$	
		\$ <input type="checkbox"/> Regalo	\$			\$ <input type="checkbox"/> Regalo	\$	
		\$ <input type="checkbox"/> Regalo	\$			\$ <input type="checkbox"/> Regalo	\$	
<p>CA B. ¿Es alguien dueño de bienes de recreo, como lanchas, vehículos de 3 llantas, vehículos para fuera del camino, para la nieve, para acampar, remolques, casas móviles o flotantes, si no vive en ellas, etc.? FS Si "sí", complete la sección que sigue.</p>							<input type="checkbox"/> SI <input type="checkbox"/> NO	
ARTICULO		FECHA DE COMPRA SI ES REGALO, MARQUE(✓) Y ANOTE EL VALOR ACTUAL	PRECIO DE COMPRA SI ES REGALO, MARQUE(✓) Y ANOTE EL VALOR ACTUAL	CANTIDAD DEBIDA	NO. DE PLACAS/ESTADO EN QUE ESTA REGISTRADO			
		\$ <input type="checkbox"/> Regalo	\$					
		\$ <input type="checkbox"/> Regalo	\$					
		\$ <input type="checkbox"/> Regalo	\$					
<p>CA C. ¿Es alguien dueño, o usa cualesquier otros vehículos, como automóviles, camiones, vans, motocicletas, casas motorizadas, etc.? FS Incluya cualquier vehículo en cuyo título aparezca el nombre suyo aunque esté financiado o no esté funcionando. Si "sí", complete la sección que sigue.</p>							<input type="checkbox"/> SI <input type="checkbox"/> NO	
DUEÑO DEL VEHICULO		PERSONA QUE USA EL VEHICULO	NO. DE PLACAS/ESTADO EN QUE ESTA REGISTRADO	AÑO, MARCA Y MODELO/CLASE	VALOR CALCULADO	SALDO QUE SE DEBE		
					\$	\$		
					\$	\$		
					\$	\$		
<p>FS D. ¿Se usa cualquier vehículo para buscar trabajo o para ir a trabajar, a la escuela o a entrenamiento? Si "sí", explique:</p>							<input type="checkbox"/> SI <input type="checkbox"/> NO	
¿Cuál vehículo?			¿Para qué se usa?					
SOLO PARA USO DEL CONDADO - VEHICULOS -FS								
(A) Home, income producing or handicap? Under \$4500 Exempt? For H.H. Use? Work, seek work, school, training?		VEHICLE (1)		VEHICLE (2)		VEHICLE (3)		(B) Values () ()
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		FMV						
		Minus \$4500						
		Excess Value						
		FMV						
		Minus Encumbrance						
		Equity Value						
AFDC Total Resources (27) - (30) \$ _____								
FS Total Resources (27), (28), (30B), (30C) \$ _____								
If exempt and under \$4500 STOP here; do not go to (B)								

(31) A. ¿Tiene alguien cualquiera de los siguientes gastos de vivienda? Marque (✓) SI o NO cada artículo.					PARA USO DEL CONDADO
FS	SI	NO	¿CUANTO?	FRECUENCIA DEL COBRO	
Renta (alquiler)	<input type="checkbox"/>	<input type="checkbox"/>	\$		Verify all housing costs
Pago de la casa (hipoteca)	<input type="checkbox"/>	<input type="checkbox"/>	\$		Total housing \$ _____
Impuestos prediales (Si no están incluidos en el pago)	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Shared housing
Seguro (Si no está incluido en el pago hipotecario)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Otro (explique)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
FS B. ¿Paga alguien más todos o parte de estos gastos de vivienda?					
Si "sí", complete la sección que sigue:					<input type="checkbox"/> SI <input type="checkbox"/> NO
¿QUIEN?	¿QUE?	¿CUANTO?	FRECUENCIA DEL COBRO		
		\$			
		\$			
(32) A. Tiene alguien gastos aparte de la renta suya por cualquiera de los servicios públicos y municipales?					
FS	Marque (✓) SI o NO cada artículo.	SI	NO	¿CUANTO?	FRECUENCIA DEL COBRO
Gas o electricidad (para calefacción o ventilación)	<input type="checkbox"/>	<input type="checkbox"/>	\$		Client Elects:
Propano, aceite, leña, u otro combustible (para calefac. o vent.)	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/> Actual <input type="checkbox"/> SUA
Gas, electricidad, u otro combustible (para cocinar)	<input type="checkbox"/>	<input type="checkbox"/>	\$		Verify client utilities.
Agua	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Drenaje	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Basura	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Teléfono (tarifa básica)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Instalación de servicios públicos y municipales	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Otro (explique)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
FS B. ¿Paga alguien más todos o parte de estos gastos de servicios públicos y municipales?					
Si "sí", complete la sección que sigue.					<input type="checkbox"/> SI <input type="checkbox"/> NO
¿QUIEN?	¿QUE?	¿CUANTO?	FRECUENCIA DEL COBRO		
		\$			
		\$			
(33) Usted puede autorizar a alguien que no sea miembro de su hogar para recoger sus estampillas para comida y usarlas para comprar sus alimentos. Si desea autorizar a alguien, complete la sección que sigue.					
FS	NOMBRE DEL REPRESENTANTE AUTORIZADO	DIRECCION	NUMERO DE TELEFONO		
(34) ¿Ha vendido, gastado, o regalado alguien cualquier propiedad inmueble, o personal en los últimos 2 años (o 3 meses para fines de las estampillas para comida), como una casa, terreno, automóvil, cuentas bancarias, dinero procedente de un arreglo legal o seguro contra accidentes, o cualquier otra cosa?					Closed Bank Accts/ last 2 yrs?
CA					<input type="checkbox"/> YES <input type="checkbox"/> NO
FS					
Si "sí", explique qué y cuándo:					

<p>(35) ¿Tiene alguien seguro de salud, dental, de la vista, de hospitalización o de cuidado a largo plazo; Medicare; o planes de cuidado de la salud como Kaiser, Ross-Loos, Blue Cross/Blue Shield, CHAMPUS, etc.? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", explique:</p> <table border="1"> <thead> <tr> <th>NOMBRE DEL SEGURO</th> <th>PERSONA ASEGURADA</th> <th>FECHA DE EXPIRACION</th> <th>PRIMA/FRECUENCIA</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td></tr> </tbody> </table>								NOMBRE DEL SEGURO	PERSONA ASEGURADA	FECHA DE EXPIRACION	PRIMA/FRECUENCIA				\$				\$	SOLO PARA USO DEL CONDADO																			
NOMBRE DEL SEGURO	PERSONA ASEGURADA	FECHA DE EXPIRACION	PRIMA/FRECUENCIA																																				
			\$																																				
			\$																																				
								<input type="checkbox"/> Dual choice Explanation given	Referral _____																														
								NA _____																															
								<input type="checkbox"/> DHS 6155																															
<p>(36) ¿Tiene alguien seguro de salud a la disposición procedente de un padre/madre, patrono o parente ausente el cual no se ha solicitado? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", explique:</p> <table border="1"> <thead> <tr> <th>NOMBRE DEL SEGURO</th> <th>PERSONA ASEGURADA</th> <th>FECHA DE EXPIRACION</th> <th>PRIMA/FRECUENCIA</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td></tr> </tbody> </table>								NOMBRE DEL SEGURO	PERSONA ASEGURADA	FECHA DE EXPIRACION	PRIMA/FRECUENCIA				\$				\$																				
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			\$																																				
			\$																																				
								<input type="checkbox"/> MC 210A																															
<p>(37) ¿Se espera que el seguro de salud de alguien termine, o ha terminado en los últimos 60 días? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", explique:</p> <table border="1"> <thead> <tr> <th>NOMBRE DEL SEGURO</th> <th>PERSONA ASEGURADA</th> <th>FECHA DE EXPIRACION</th> <th>PRIMA/FRECUENCIA</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td></tr> </tbody> </table>								NOMBRE DEL SEGURO	PERSONA ASEGURADA	FECHA DE EXPIRACION	PRIMA/FRECUENCIA				\$				\$																				
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			\$																																				
			\$																																				
<p>(38) ¿Tuvo alguien gastos médicos en los últimos 4 meses? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", ¿desea esa persona(s) solicitar cobertura de Medi-Cal para ese periodo? <input type="checkbox"/> SI <input type="checkbox"/> NO</p>																																							
<p>(39) ¿Tiene alguien alguna condición médica o especial que requiera lo siguiente?</p> <p>CA Marque (✓) SI o NO cada artículo.</p> <table border="1"> <thead> <tr> <th></th> <th>SI</th> <th>NO</th> <th></th> <th>SI</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Dietas especiales recetadas por un doctor</td><td></td><td></td><td>Uso alto de servicios públicos y municipales</td><td></td><td></td></tr> <tr><td>Necesidad especial de transporte</td><td></td><td></td><td>Servicio especial de lavado de ropa</td><td></td><td></td></tr> <tr><td>Equipo especial de teléfono</td><td></td><td></td><td>Sin lugar donde vivir</td><td></td><td></td></tr> <tr><td>Quehaceres del hogar (Nadie puede hacerlos)</td><td></td><td></td><td>Otro (Explique)</td><td></td><td></td></tr> </tbody> </table>									SI	NO		SI	NO	Dietas especiales recetadas por un doctor			Uso alto de servicios públicos y municipales			Necesidad especial de transporte			Servicio especial de lavado de ropa			Equipo especial de teléfono			Sin lugar donde vivir			Quehaceres del hogar (Nadie puede hacerlos)			Otro (Explique)				
	SI	NO		SI	NO																																		
Dietas especiales recetadas por un doctor			Uso alto de servicios públicos y municipales																																				
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Equipo especial de teléfono			Sin lugar donde vivir																																				
Quehaceres del hogar (Nadie puede hacerlos)			Otro (Explique)																																				
<p>(40) Debido a circunstancias repentinas y poco comunes, como un terremoto, incendio o inundación, ¿desea el hogar solicitar un pago por necesidades especiales para vivienda o artículos esenciales que se perdieron o resultaron dañados? <input type="checkbox"/> SI <input type="checkbox"/> NO</p> <p>CA Si "sí", explique la situación en la sección que sigue.</p>																																							
<p>41 SERVICIOS SOCIALES</p> <p>CA Los siguientes servicios son gratis, si usted reúne los requisitos para recibir asistencia monetaria. Sus respuestas a estas preguntas no afectarán su elegibilidad, para asistencia monetaria o estampillas para comida.</p> <ol style="list-style-type: none"> Hay a la disposición, si los solicita, exámenes físicos regulares para ayudar a proteger la salud de su familia, a través del Programa de Salud y Prevención de Incapacidad para Niños y Adolescentes (CHDP) para miembros de su familia menores de 21 años que reúnen los requisitos. <ol style="list-style-type: none"> ¿Desea usted más información acerca de los servicios del CHDP? <input type="checkbox"/> SI <input type="checkbox"/> NO ¿Desea usted servicios médicos o dentales del CHDP? <input type="checkbox"/> SI <input type="checkbox"/> NO ¿Desea usted información acerca de servicios que pudieran estar a su disposición, o acerca de los siguientes problemas? Discriminación, problemas familiares, otros arreglos de vivienda, alcoholismo, drogadicción, o problemas mentales/emocionales, servicios especiales para los ciegos o niños y adultos con problemas visuales, cuidado de niños, etc.? <input type="checkbox"/> SI <input type="checkbox"/> NO Es posible que hayan a la disposición servicios de planificación familiar para ayudarle a que voluntariamente limite el tamaño de su familia, a decidir cuándo quiere usted tener niños y para evitar embarazos no deseados. ¿Desea usted o algún miembro de su familia planificación familiar? <input type="checkbox"/> SI <input type="checkbox"/> NO 																																							
<p><input type="checkbox"/> CHDP Brochure and Explanation Given</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Referred Date _____</p> <p><input type="checkbox"/> Other Service Referral</p> <p><input type="checkbox"/> Referred Date _____</p> <p><input type="checkbox"/> Family Planning Information Given</p> <p><input type="checkbox"/> Referred Date _____</p>																																							

CERTIFICACION

- CA**
- Entiendo las preguntas que contiene esta forma.
 - Entiendo que cualesquier datos que he dado, incluyendo información sobre beneficios e ingresos, serán comparados con expedientes locales, del estado y federales, como patronos, Administración del Seguro Social, dependencias de impuestos, bienestar social y empleo, etc.
 - Entiendo que el condado solicitará información del Servicio de Inmigración y Naturalización (INS) para verificar la situación como extranjero.
 - Entiendo que la información que el condado obtenga de INS pudiera afectar mi elegibilidad para asistencia monetaria y estampillas para comida.
 - Entiendo que todos los datos, incluyendo información sobre beneficios e ingresos, que he proporcionado en esta forma están sujetos a investigación y revisión por personal del condado, del estado y federal, y que si he dado datos erróneos, es posible que se niegue o descontinúe mi asistencia monetaria y/o que se nieguen mis estampillas para comida en el momento de certificación o nueva certificación.**
 - Entiendo las sanciones, incluyendo las sanciones específicas de descalificación en los programas de asistencia monetaria y estampillas para comida, por dar datos erróneos o incompletos, por dejar de reportar información o situaciones que pudieran afectar mi elegibilidad para recibir beneficios de asistencia monetaria o estampillas para comida.
 - Entiendo que es posible que se requiera al hogar para fines del programa de estampillas para comida, a cualquier miembro adulto del hogar (aun cuando se mude del hogar), al patrocinador de un miembro extranjero del hogar o al representante autorizado de los residentes de un establecimiento que reúne los requisitos, reembolsar cualesquier beneficios que el hogar no debió recibir.
 - Entiendo que mi caso puede ser seleccionado para una revisión adicional para asegurar que mi elegibilidad haya sido calculada correctamente y que tengo que cooperar completamente con personal del condado, del estado o federal en cualquier investigación o revisión, incluyendo una revisión de control de calidad.

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California que la información que contiene esta declaración de datos es verdadera, correcta y completa.

FIRMA (PADRE/MADRE O PARIENTE ENCARGADO, MIEMBRO ADULTO DEL HOGAR PARA FINES DE LAS ESTAMPILLAS PARA COMIDA O REPRESENTANTE AUTORIZADO)	FECHA
FIRMA (OTRO PADRE/MADRE QUE VIVE EN EL HOGAR, SI ESTA SOLICITANDO ASISTENCIA MONETARIA)	FECHA
TESTIGO, SI USTED FIRMO CON UNA "X"	FECHA

SOLO PARA USO DEL CONDADO					
REGULATIONS MET?					
	AFDC		FS		
	YES	NO	YES	NO	
Residency/Relocation					
Deprivation					
Citizen/Alien status					
School enrollment					
SSN					
Income-Gross & net income					
Property-Within limits & verified/amount \$					
Work registration					
Sponsored alien					
Federal participation established (If NO, explain)					

FOOD STAMP TESTS	
Categorical Eligible	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gross Income Test	
Household Size _____	
Gross Monthly Income \$ _____	
Gross Income Eligible	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> NA	
Separate HH Income Test	
Household Size _____	
Gross Monthly Income \$ _____	
Eligible for Separate HH Status	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Aged/Disabled	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> NA	
DFA 285-C	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

AFDC:	SFU Size	AU Size
<input type="checkbox"/> INELIGIBLE (REASON)		
<input type="checkbox"/> ELIGIBLE	AUTHORIZATION DATE	
ELIGIBILITY CONDITIONS MET-DATE	EFFECTIVE DATE	
ELIGIBILITY WORKER'S SIGNATURE	DATE	
SUPERVISOR'S SIGNATURE	DATE	

FS :	HH Size
<input type="checkbox"/> INELIGIBLE (REASON)	
<input type="checkbox"/> ELIGIBLE	
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

DECLARACION DE DATOS PARA PERSONAS ADICIONALES

(Solicitud suplemental para estampillas para comida y solicitud para asistencia monetaria)

INSTRUCCIONES: Use esta forma para decirnos acerca de una persona nueva en el hogar. Si necesita más espacio para contestar las preguntas, adjunte otra hoja de papel. Anote las respuestas para todas las preguntas referentes a los beneficios que usted está solicitando. Las iniciales "CA" para asistencia monetaria, y "FS" para estampillas para comida que aparecen al lado izquierdo de cada pregunta, le indican cuáles preguntas son para cada programa.

Si usted recibe asistencia monetaria, y desea asistencia para la nueva persona, el pariente adulto encargado de su cuidado que recibe ahora asistencia tiene que completar esta forma. La nueva persona puede completar la forma, a menos que sea un menor.

Para hogares para fines de las estampillas para comida, que no reciben asistencia monetaria o no desean asistencia monetaria para la nueva persona, puede completar esta forma un miembro del hogar, un representante autorizado o la nueva persona.

POR FAVOR ESCRIBA CON TINTA Y CON LETRA DE IMPRENTA

(1) CA Nombre de la persona que completa la forma (Nombre, nombre de en medio, apellido)
FS

(2) CA Anote todas las personas en el hogar, incluyendo a un recién nacido.
FS

Persona 1: NOMBRE (PRIMERO DE EN MEDIO APELLIDO)

NUMERO DEL SEGURO SOCIAL	Marca sexo (<input checked="" type="checkbox"/>)	¿CIEGO O INCAPACITADO?
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Sí <input type="checkbox"/> No

FECHA DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)	FECHA DE NACIMIENTO
--	---------------------

Persona 2: NOMBRE (PRIMERO DE EN MEDIO APELLIDO)

NUMERO DEL SEGURO SOCIAL	Marca sexo (<input checked="" type="checkbox"/>)	¿CIEGO O INCAPACITADO?
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Sí <input type="checkbox"/> No

FECHA DE NACIMIENTO (CIUDAD/ESTADO/PAÍS)	FECHA DE NACIMIENTO
--	---------------------

(3) CA ¿Ha solicitado, o recibido él/ella en el pasado beneficios como: AFDC, estampillas para comida, Medi-Cal, asistencia para refugiados/entrantes?
FS Si sí, complete la sección que sigue:

	Fecha de la solicitud	Última fecha de rec.	Dónde? (condado y estado)	Clase de beneficios
Persona 1				
Persona 2				

(4) CA ¿Es veterano(a), el hijo(a) de un veterano o la viuda(o) de un veterano, o
FS hijo(a) de un veterano(a)?
Si sí, marque TODAS las casillas que sean pertinentes:

Persona 1 Veterano Hijo(a) de veterano Viuda(o) de veterano Hijo(a) sobreviviente Incapac.

Persona 2 Veterano Hijo(a) de veterano Viuda(o) de veterano Hijo(a) sobreviviente Incapac.

(5) CA ¿Es menor de 20 años y padre/madre o está embarazada?
FS Si sí, especifique quién:

(6) CA ¿Ha completado la educación secundaria obteniendo un certificado, GED,
FS o pasando un examen de capacitación equivalente a la secundaria (CHSPE)?

(7) CA ¿Asiste a la escuela o programa de entrenamiento?
FS Si sí, complete la sección que sigue: Si NO, ¿por qué no?:

Nombre de la persona	Nombre de la escuela o programa de entrenamiento	¿Asiste tiempo completo?	Fecha en que se espera se gradúe
		<input type="checkbox"/> Sí <input type="checkbox"/> No	
		<input type="checkbox"/> Sí <input type="checkbox"/> No	

*La sección 402(a)(25) del Decreto del Seguro Social requiere un Número del Seguro Social (SSN) para las personas que reciben asistencia monetaria, y por el Decreto de Estampillas para Comida de 1977, de la manera en que lo enmendó la Ley Pública 97-98, para cada miembro del hogar para fines de estampillas para comida. Se requieren estos SSN para asegurar que se otorguen los beneficios de asistencia monetaria y estampillas para comida de una manera exacta a las personas, que reúnan los requisitos. Se usan los SSN para corroboración por medio de computadoras para evitar participación doble, para verificar la identidad de las personas, para hacer cambios y para revisiones de los programas y auditorías. El rehusarse a proporcionar un SSN, resultará en inelegibilidad del programa de la persona para la cual no se proporcionó el SSN.

SOLO PARA USO DEL CONDADO				
CASE NUMBER				
DATE RECEIVED				
Food Stamps	Food Stamps and Cash Aid			Cash Aid
Nonhousehold Member (Enter Code)	Specify in Box if Elderly or Disabled	Work Registration Exemption (Enter Code)	Identity	SSN Citizenship/ Alien Status Age
Specify type of verifications and date viewed				
OPTIONAL PERSON				

 DFA 285-C

CA 5

Date Initiated:

1. Yes No _____
 2. Yes No _____

Verified:

 Pregnancy

Eligible Student:

1. FS Cash Aid
 2. FS Cash Aid

School Attendance

Verified:

- Yes No
 Yes No

8	CA FS	¿Participa en una huelga laboral? Si sí, complete la sección que sigue:					<input type="checkbox"/> Sí <input type="checkbox"/> No	SOLO PARA USO DEL CONDADO	
		Fecha en que entró a la huelga		Ingresos netos mensuales que se ganaron de este empleo antes de la huelga					
Persona 1									
Persona 2									
9	CA FS	¿Es dueño(a) de, o está abonando bienes raíces, como una casa, terreno, edificios, etc? Si sí, complete la sección que sigue:					<input type="checkbox"/> Sí <input type="checkbox"/> No		
		Clase de propiedad		Dirección/localización	¿Uso? (Hogar, renta, etc.)	Saldo que se debe	Valor	Nombre de la compañía hipotecaria	Check if Exempt
Persona 1					\$				
Persona 2					\$				
10	CA FS	¿Tiene alguno de los siguientes recursos? Marque cada artículo. Si Sí, explique enseguida.							
		Recurso		Persona 1	Persona 2	Recurso		Persona 1	Persona 2
Cheques o dinero (en el hogar o en otro lugar)		<input type="checkbox"/> Sí <input type="checkbox"/> No		<input type="checkbox"/> Sí <input type="checkbox"/> No	Fondos en fideicomiso	<input type="checkbox"/> Sí <input type="checkbox"/> No		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Cuenta de cheques/de ahorros/ con la unión de crédito		<input type="checkbox"/> Sí <input type="checkbox"/> No		<input type="checkbox"/> Sí <input type="checkbox"/> No	Certificados, acciones, bonos	<input type="checkbox"/> Sí <input type="checkbox"/> No		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Pagarés, hipotecas, escrituras en fideicomiso, contratos de venta		<input type="checkbox"/> Sí <input type="checkbox"/> No		<input type="checkbox"/> Sí <input type="checkbox"/> No	Otros (anote enseguida)	<input type="checkbox"/> Sí <input type="checkbox"/> No		<input type="checkbox"/> Sí <input type="checkbox"/> No	
Clase de recurso		Dueño		Valor actual	Localización (Hogar, dirección del banco, etc.)			Número de cuenta	
				\$					
				\$					
				\$					
11	CA FS	¿Es dueño, usa, o está abonando algún vehículo motorizado, como un automóvil, un camión (o camioneta), lancha, van, vehículo de acampar, motocicleta etc.?					<input type="checkbox"/> Sí <input type="checkbox"/> No		
		Si sí, complete enseguida:							Date Registration and Records Viewed 1. _____ 2. _____
		Dueño		Año, marca, modelo	Número de placas y estado donde está registrado	Costo del último registro	Saldo que se debe	Check if Exempt	Vehicle Valuation 1. _____ 2. _____
Persona 1						\$	\$		
Persona 2						\$	\$		
12	CA FS	¿Tiene empleo?					<input type="checkbox"/> Sí <input type="checkbox"/> No		
		Si sí, complete la sección que sigue. Adjunte talones de pago u otras pruebas de ingresos ganados. Si tiene negocio propio anote los gastos del negocio en una hoja de papel por separado y adjunte pruebas de los ingresos y gastos.							Enter Date Viewed
		Nombre del patrono		Sueldo bruto (antes de deducciones)	Frecuencia de pago (semanal, mensual, etc.)	No. de días trabaj. en el mes	No. de horas trabaj. en el mes	Check if Exempt	Pay Stubs Other
Persona 1				\$					
Persona 2				\$					
13	CA FS	¿Recibe, o espera recibir cualesquiera otros ingresos, como Seguro Social, seguro por desempleo/ incapacidad, mantenimiento de hijos/esposa(o), beneficios para veteranos, vivienda gratis, servicios públicos y municipales gratis, etc.? Si sí, complete la sección que sigue y adjunte pruebas de los ingresos.					<input type="checkbox"/> Sí <input type="checkbox"/> No		
		Specify Verification and Date Viewed							
		Clase de ingresos		Cantidad	Frecuencia de pago (semanal, mensual, etc.)	Última fecha que se recib.	Fecha en que se espera comience	Check if Exempt	
Persona 1				\$					
Persona 2				\$					
14	CA FS	¿Paga él/ella para que le cuiden a un niño o adulto incapacitado para que pueda ir a trabajar o a entrenamiento, o para buscar trabajo? Si sí, complete la sección que sigue y adjunte recibos.					<input type="checkbox"/> Sí <input type="checkbox"/> No		
		Persona que recibió el cuidado		Persona que proporcionó el cuidado	Cantidad	Frecuencia del pago (semanal, mensual, etc.)	Date Receipts Viewed		
Persona 1					\$				
Persona 2					\$				

<p>(15) FS ¿Recibe alimentos de un programa de distribución de alimentos operado por una reservación india?</p> <p>Persona 1: <input type="checkbox"/> Sí <input type="checkbox"/> No Si sí, ¿cuál reservación? Persona 2: <input type="checkbox"/> Sí <input type="checkbox"/> No Si sí, ¿cuál reservación?</p>					SOLO PARA USO DEL CONDADO																
<p>(16) FS ¿Compra o prepara alimentos separadamente de los otros en el hogar?</p> <p>Persona 1: <input type="checkbox"/> Sí <input type="checkbox"/> No Persona 2: <input type="checkbox"/> Sí <input type="checkbox"/> No</p>																					
<p>(17) FS ¿Tiene 60 años de edad o más y no puede comprar y preparar alimentos separadamente por su incapacidad?</p> <p>Persona 1: <input type="checkbox"/> Sí <input type="checkbox"/> No Si sí, ¿desea ser un hogar por separado para estampillas para comida? <input type="checkbox"/> Sí <input type="checkbox"/> No Persona 2: <input type="checkbox"/> Sí <input type="checkbox"/> No Si sí, ¿desea ser un hogar por separado para estampillas para comida? <input type="checkbox"/> Sí <input type="checkbox"/> No</p>																					
<p>(18) FS ¿Le paga a usted por concepto de alimentos y/o cuarto?</p> <p>Si sí, complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th></th> <th>Marque(✓)</th> <th>¿Cuánto?</th> <th>Frecuencia</th> <th>No. de comidas al día</th> </tr> </thead> <tbody> <tr> <td>Persona 1</td> <td><input type="checkbox"/> Alimentos <input type="checkbox"/> Cuarto <input type="checkbox"/> Ambos</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>Persona 2</td> <td><input type="checkbox"/> Alimentos <input type="checkbox"/> Cuarto <input type="checkbox"/> Ambos</td> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table>						Marque(✓)	¿Cuánto?	Frecuencia	No. de comidas al día	Persona 1	<input type="checkbox"/> Alimentos <input type="checkbox"/> Cuarto <input type="checkbox"/> Ambos	\$			Persona 2	<input type="checkbox"/> Alimentos <input type="checkbox"/> Cuarto <input type="checkbox"/> Ambos	\$			<p>Household Elects: Boarder HH Member Roomer</p>	
	Marque(✓)	¿Cuánto?	Frecuencia	No. de comidas al día																	
Persona 1	<input type="checkbox"/> Alimentos <input type="checkbox"/> Cuarto <input type="checkbox"/> Ambos	\$																			
Persona 2	<input type="checkbox"/> Alimentos <input type="checkbox"/> Cuarto <input type="checkbox"/> Ambos	\$																			
<p>(19) CA Si es un menor de 19 años, complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th></th> <th>Nombre de la madre</th> <th>Nombre del padre</th> <th colspan="2">El menor necesita asistencia porque el padre/madre está: (Marque todas las casillas que sean pertinentes)</th> </tr> </thead> <tbody> <tr> <td>Persona 1</td> <td></td> <td></td> <td><input type="checkbox"/> Ausente</td> <td><input type="checkbox"/> Incapacitado(a)</td> </tr> <tr> <td>Persona 2</td> <td></td> <td></td> <td><input type="checkbox"/> Desempleado(a)</td> <td><input type="checkbox"/> Muerto(a)</td> </tr> </tbody> </table>						Nombre de la madre	Nombre del padre	El menor necesita asistencia porque el padre/madre está: (Marque todas las casillas que sean pertinentes)		Persona 1			<input type="checkbox"/> Ausente	<input type="checkbox"/> Incapacitado(a)	Persona 2			<input type="checkbox"/> Desempleado(a)	<input type="checkbox"/> Muerto(a)	<p>Deprivation Verification: 1. _____ 2. _____</p>	
	Nombre de la madre	Nombre del padre	El menor necesita asistencia porque el padre/madre está: (Marque todas las casillas que sean pertinentes)																		
Persona 1			<input type="checkbox"/> Ausente	<input type="checkbox"/> Incapacitado(a)																	
Persona 2			<input type="checkbox"/> Desempleado(a)	<input type="checkbox"/> Muerto(a)																	
<p>(20) CA ¿Vive en la actualidad en California y tiene intenciones de continuar viviendo aquí?</p> <p>Persona 1: <input type="checkbox"/> Sí <input type="checkbox"/> No Persona 2: <input type="checkbox"/> Sí <input type="checkbox"/> No</p>																					
<p>(21) CA ¿Ha vivido él/ella en California durante los últimos 12 meses consecutivos?</p> <p>Complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th>¿Quién?</th> <th>Último lugar de residencia (Ciudad, estado)</th> <th>Fecha en que llegó a California</th> </tr> </thead> <tbody> <tr> <td>Persona 1</td> <td></td> <td></td> </tr> <tr> <td>Persona 2</td> <td></td> <td></td> </tr> </tbody> </table>					¿Quién?	Último lugar de residencia (Ciudad, estado)	Fecha en que llegó a California	Persona 1			Persona 2			<p>RFG Change State Code: _____ RFG Level: _____ RFG Months: _____</p>							
¿Quién?	Último lugar de residencia (Ciudad, estado)	Fecha en que llegó a California																			
Persona 1																					
Persona 2																					
<p>(22) ¿Desea alguien asistencia debido a embarazo?</p> <p>Si sí, complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th>¿Quién está embarazada?</th> <th>Fecha en que se espera nazca</th> <th>Padre del niño que aún no nace</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>					¿Quién está embarazada?	Fecha en que se espera nazca	Padre del niño que aún no nace				<p><input type="checkbox"/> Verif Date _____ Special Need Eff _____ <input type="checkbox"/> WIC Referral <input type="checkbox"/> CA2.1/DA Referral</p>										
¿Quién está embarazada?	Fecha en que se espera nazca	Padre del niño que aún no nace																			
<p>(23) CA ¿Ha rehusado un trabajo o entrenamiento en los últimos 30 días?</p> <p>FS Si sí, complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th>Cantidad del último cheque de pago</th> <th>Último día de entrenam. en el trabajo</th> <th>Horas trabajadas/entrenamiento en los últimos 30 días</th> <th>Nombre y dirección del patrono/programa de entrenamiento</th> <th>Razón para dejarlo o rehusarse a aceptarlo</th> </tr> </thead> <tbody> <tr> <td>Persona 1</td> <td>\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Persona 2</td> <td>\$</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Cantidad del último cheque de pago	Último día de entrenam. en el trabajo	Horas trabajadas/entrenamiento en los últimos 30 días	Nombre y dirección del patrono/programa de entrenamiento	Razón para dejarlo o rehusarse a aceptarlo	Persona 1	\$				Persona 2	\$				<p>Determination of Good Cause Required: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Cantidad del último cheque de pago	Último día de entrenam. en el trabajo	Horas trabajadas/entrenamiento en los últimos 30 días	Nombre y dirección del patrono/programa de entrenamiento	Razón para dejarlo o rehusarse a aceptarlo																	
Persona 1	\$																				
Persona 2	\$																				
<p>(24) CA ¿Es dueño(a) de, o usa bienes personales que cuestan por lo menos \$100 cada uno de ellos, o que valen ahora por lo menos \$100 cada uno, como joyas, equipo, instrumentos, ganado, etc. No incluya ropa, anillos de bodas, alfombras, muebles, aparatos domésticos, u otros enseres del hogar.</p> <p>Si sí, complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th>Nombre del artículo</th> <th>Fecha de compra</th> <th>Precio de compra</th> <th>Cantidad que se debe</th> </tr> </thead> <tbody> <tr> <td>Persona 1</td> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Persona 2</td> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>					Nombre del artículo	Fecha de compra	Precio de compra	Cantidad que se debe	Persona 1		\$	\$	Persona 2		\$	\$	<p>Net Market Value: 1. \$ _____ 2. \$ _____</p>				
Nombre del artículo	Fecha de compra	Precio de compra	Cantidad que se debe																		
Persona 1		\$	\$																		
Persona 2		\$	\$																		
<p>(25) CA ¿Ha vendido, transferido o regalado cualesquier bienes raíces o personales en los últimos 2 años?</p> <p>FS Si sí, complete la sección que sigue:</p> <table border="1"> <thead> <tr> <th>Nombre del artículo</th> <th>Fecha en que se vendió, transfirió o regaló</th> <th>Cantidad recibida</th> </tr> </thead> <tbody> <tr> <td>Persona 1</td> <td></td> <td></td> </tr> <tr> <td>Persona 2</td> <td></td> <td></td> </tr> </tbody> </table>					Nombre del artículo	Fecha en que se vendió, transfirió o regaló	Cantidad recibida	Persona 1			Persona 2										
Nombre del artículo	Fecha en que se vendió, transfirió o regaló	Cantidad recibida																			
Persona 1																					
Persona 2																					

(26)	CA FS	¿Tiene cualquiera de las siguientes coberturas de seguro: vida, entierro, incapacidad o hipoteca? <input type="checkbox"/> Sí <input type="checkbox"/> No					PARA EL CONDADO Total CSV 1. \$ _____ 2. \$ _____ OHC Code Entered: Date: 1. <input type="checkbox"/> _____ 2. <input type="checkbox"/> _____				
Si sí, complete la sección que sigue:											
		Nombre de la compañía de seguros	Número de póliza	Personas Cubiertas (Nombres)	Persona que paga la prima (Nombre)	Cantidad pagada					
Persona 1						\$					
Persona 2						\$					
(27) CA		¿Tiene seguro de salud u hospitalización, incluyendo seguro que paga el patrono o padre/madre ausente, por ejemplo: Blue Cross, Kaiser, Champus, Medicare, etc.? Personas 1 <input type="checkbox"/> Sí <input type="checkbox"/> No Personas 2 <input type="checkbox"/> Sí <input type="checkbox"/> No									
Complete la pregunta (28) en la presencia de su trabajador(a) de elegibilidad.											
(28) CA		A. ¿Desea información acerca del Programa de Salud y Prevención de Incapacidad para Niños y Adolescentes (CHDP), planificación familiar, aconsejamiento por alcoholismo o drogadicción, gastos médicos pasados y otras necesidades especiales?						<input type="checkbox"/> Sí	<input type="checkbox"/> No		
		B. ¿Desea servicios médicos o dentales del CHDP?						<input type="checkbox"/> Sí	<input type="checkbox"/> No		
		C. ¿Desea servicios de planificación familiar?						<input type="checkbox"/> Sí	<input type="checkbox"/> No		
								<input type="checkbox"/> CHDP brochure and explanation given <input type="checkbox"/> Referred <input type="checkbox"/> Date: <input type="checkbox"/> Other services referral <input type="checkbox"/> Family Planning info given <input type="checkbox"/> Date referred:			

CERTIFICACION

- Entiendo que el no reportar información o el falseamiento de datos en los programas de asistencia monetaria y/o estampillas para comida puede resultar en prosecución legal con sanciones de una multa, encarcelamiento o ambos. En los programas de asistencia monetaria y estampillas para comida, las sanciones pueden resultar en descalificación permanente del programa. Las sanciones de descalificación por violaciones intencionales del programa (IPV) son 6 meses por la primera violación, 12 meses por la segunda violación, y descalificación permanente por la tercera violación. Además de la descalificación por IPV, otras sanciones pueden resultar en multas y/o encarcelamiento.
- Entiendo que la información que he proporcionado será verificada por personal local, del estado y federal.
- Entiendo que mi caso puede ser seleccionado para una revisión adicional para asegurar que se haya determinado mi elegibilidad correctamente.
- Declaro bajo pena de perjurio que las declaraciones anteriores son verdaderas y correctas.

Para los programas de asistencia monetaria, usted y su esposa(o) que recibe asistencia, o el otro padre/madre de los niños que reciben asistencia que viven en el hogar, tienen que firmar la forma. Para el programa de estampillas para comida, tiene que firmar la forma el jefe de la familia, un miembro del hogar o un representante autorizado.

Firma de la persona que recibe asistencia monetaria o del pariente encargado y/o del miembro del hogar para fines de las estampillas para comida	Condado donde se firmó	Fecha en que se firmó
►		
Firma de la esposa/esposo que recibe asistencia monetaria u otro padre/madre de los niños que reciben asistencia monetaria	Condado donde se firmó	Fecha en que se firmó
►		
Firma del testigo a la marca, intérprete, u otra persona que haya completado la forma	Condado donde se firmó	Fecha en que se firmó
►		