

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



October 16, 1998

ALL COUNTY LETTER NO. 98-82

TO: ALL COUNTY WELFARE DIRECTORS

**REASON FOR THIS TRANSMITTAL**

- State Law Change  
 Federal Law or Regulation Change  
 Court Order or Settlement Agreement  
 Clarification Requested by One or More Counties  
 Initiated by CDSS

SUBJECT: CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

REFERENCE: AB 2779

The purpose of this letter is to provide the guidelines and instructions necessary for counties to implement the new program required by this year's Budget Act implementation bill for social services (AB 2779, Chapter 329). It establishes a 100 percent state-funded cash assistance program for immigrants by adding sections 18937 through 18944 to the Welfare and Institutions Code (W&IC). Under these statutes, the California Department of Social Services (CDSS) must establish and supervise a county- or county consortia-administered program to provide cash assistance to aged, blind and disabled legal immigrants who meet the Supplemental Security Income/State Supplementary Payment (SSI/SSP) immigration status requirements in effect on August 21, 1996, and all other current SSI/SSP eligibility requirements.

Under the provisions of AB 2779, some of the immigrants no longer eligible for SSI/SSP will now be eligible for the new cash assistance program CAPI. Payment amounts will be \$10 less than the corresponding SSI/SSP payment standards. The CDSS must reimburse counties for all grant and related administrative costs. Periodic redeterminations are required. The program will become inoperative on July 1, 2000.

This letter is intended to provide a general overview of CAPI eligibility. Future letters will address other important issues such as redeterminations, inter-county transfers, fraud, and other issues not addressed here or that need a more detailed explanation. Additional tables and charts related to immigrant status and living arrangements will be issued shortly after the release of this letter.

Fiscal and claiming issues will be addressed in a separate County Fiscal Letter. Counties have the option of issuing their own CAPI payments, or having CDSS issue them. If counties/consortia elect to have CDSS issue the CAPI payments, they must still determine eligibility and payment

amount and transmit the required information to the Department. A separate letter will address these payment procedures.

## **BACKGROUND**

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L.104-193) was enacted on August 22, 1996, and eliminated SSI eligibility for most non-citizens, and established the definition for the new federal term of “qualified alien”. The definition lists the immigrant status requirements that every non-citizen must meet in order to be potentially eligible for most federal public benefits, including SSI, Food Stamps, Temporary Assistance for Needy Families, and full-scope Medi-Cal (Non-qualified Aliens may be eligible for emergency services under Medi-Cal). Qualified Alien is a specific term used to denote only immigrants whose official immigration status with the Immigration and Naturalization Service (INS) meets the requirements of P.L. 104-193 (Section 431). An immigrant who meets the Qualified Alien definition is not necessarily eligible for any public benefit. A Qualified Alien has to meet other requirements in order to be eligible for SSI or other public benefits. P.L. 104-193 (as amended) defines Qualified Alien as:

- 1) An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- 2) An alien who is granted asylum under section 208 of the INA;
- 3) A refugee who is admitted to the United States under section 207 of the INA;
- 4) An alien who is paroled into the United States under section 212(d)(5) of such Act for a period of at least 1 year;
- 5) An alien whose deportation is being withheld under section 243(h) of the INA (under previous law), or section 241(b)(3) of the INA as amended by P.L. 104-208;
- 6) An alien who is granted conditional entry pursuant to section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- 7) An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980; or,
- 8) A battered spouse, battered child, or parent or child of a battered person with a petition pending under sections 204(a)(1)(A) or (B) or 244(a)(3) of the INA.

The Balanced Budget Act of 1997 (P.L. 105-33) restored SSI eligibility for many non-citizens lawfully residing in the U.S. as of August 22, 1996. With some exceptions, the major groups still ineligible for federal SSI are:

- Non-qualified Aliens
- Lawful permanent residents (Qualified Aliens) residing in the U.S. on August 22, 1996, who are 65 or over, but not disabled.
- Sponsored immigrants arriving on or after August 22, 1996.

## **IMPLEMENTATION**

The new law requires CAPI to be implemented under the following timelines:

- October 1, 1998 - CDSS must issue checks to immigrants who are discontinued from SSI/SSP effective September 30, 1998, as a result of their immigrant status. These checks will initially be issued by the State Controller's Office (SCO) so that there is no interruption in the individual's receipt of aid. (Responsibility for redetermining eligibility for the converted recipients will shift to the counties once they begin full operation of the program.)
- November 1, 1998 - Counties must begin accepting applications and establish the beginning date of aid.
- December 1, 1998 - Counties must be able to determine eligibility and cause payments to be issued by this date.

The department will follow two separate tracks in implementing the provisions of this bill. For the Track 1 conversion group, CDSS issued checks on October 1, 1998, through the Controller, to current SSI/SSP recipients who lost that benefit as a result of their immigrant status. Track 2 is the county operation for new applicants beginning November 1, 1998. Representatives from CWDA and other county staff met regularly with CDSS staff and representatives from the Social Security Administration (SSA) in designing the attached guidelines, forms and notices for the Track 2 implementation.

Counties are hereby instructed to:

- Beginning November 1, 1998, accept CAPI applications, and determine eligibility and the effective date of aid.
- Beginning December 1, 1998, authorize CAPI payments to CDSS for check issuance, or otherwise cause payments to be issued.

## **ELIGIBILITY**

For CAPI eligibility, AB 2779 requires individuals to successfully complete an application process (except for members of the Track 1 conversion group), meet the immigration status criteria of SSI/SSP in effect on August 21, 1996, meet all other current SSI/SSP eligibility criteria, and be ineligible for SSI/SSP solely due to their immigration status under Title IV of P.L. 104-193. Except as otherwise provided in this ACL (or future instructions), federal and state laws and regulations governing the SSI/SSP program will govern CAPI eligibility. Federal laws are those found in Title XVI of the Social Security Act as reflected in Code of Federal Regulations 20 (20CFR), Part 416. Pertinent state laws are found in W&IC 12000 et seq., and state regulations are found in Manual of Policies and Procedures (MPP) California-DSS-Manual-EAS Chapter 46-100. CAPI applicants will have to meet eligibility requirements related to their age or disability, immigrant status, income, resources, living arrangements, and pursuit of other potential benefits. The following subsections will address each factor separately.

## Immigrant Status

State law governing CAPI establishes two different sets of immigrant status requirements depending on when the immigrant entered the U.S. Specifically, immigrants entering the U.S. on or after August 22, 1996, will be subject to more restrictive immigration status requirements than those lawfully present in the U.S. as of August 21, 1996. All applicants/recipients must provide evidence showing that they meet one of the immigrant status eligibility rules shown below to be eligible for CAPI. The rules are shown separately for the two affected groups.

### **Pre-August 22, 1996 Immigrants**

There are three categories of immigrants in this group who may be eligible for CAPI.

They are:

- 1) Non-citizens whose SSI/SSP benefits were stopped effective September 30, 1998, solely due to their immigrant status. Due to a last minute change in federal policy, these immigrants are refugees whose 7-year period of eligibility expired on September 30, 1998, and are not disabled. They started receiving SSI/SSP after August 22, 1996.

If they were receiving SSI/SSP in California when their benefits were stopped, they should have been automatically converted to CAPI in Track 1 with no application necessary. If they were not part of the Track 1 conversion group, an application is required and counties must verify the immigrant had previously received SSI/SSP and the reason for the SSI/SSP discontinuance.

There were only a few individuals who were automatically converted to CAPI. They are actually a subset of the immigrants described in category 3 below.

- 2) Non-citizens who do not meet the definition of Qualified Alien. These individuals would have to provide evidence of their Permanent Residence Under Color of Law (PRUCOL) status under one of the categories shown on the Supplemental Application form. Receipt of SSI/SSP prior to August 22, 1996; will be sufficient to establish PRUCOL status unless there is an indication that the previous PRUCOL determination was based on false statements or documents. If counties have a reason to suspect the prior SSI determination was incorrect; they must obtain current documentation of the immigrant's PRUCOL status.

Individuals in this group can establish eligibility under any one of the three basic eligibility criteria (aged, blind or disabled), but the county must establish the appropriate status. (CDSS -State Programs will actually determine disability and blindness after receiving a county referral.)

- 3) Non-citizens lawfully admitted for permanent residence, or who otherwise meet the definition of Qualified Alien and who are age 65 or older. Those under age 65 who are blind and/or disabled are potentially eligible for SSI/SSP and are not eligible for CAPI.

## **August 22, 1996, or Later Immigrants**

Non-citizens who are sponsored immigrants and able to provide verification that 1) the sponsor died; 2) the sponsor is disabled; or 3) the applicant, after entry into the U.S, is a victim of abuse by the sponsor or the sponsor's spouse.

- 1) The applicant must provide evidence that his or her sponsor has died.
- 2) Disability, as referenced above for the sponsor, is defined in W&IC Section 11320.3(b)(3)(A). Under this definition, there must be a doctor's verification that the disability is expected to last at least 30 days and that it significantly impairs the sponsor's ability to be regularly employed or participate in welfare-to-work activities, provided that the individual is actively seeking medical treatment.
- 3) Abuse, as referenced above, is defined in the same manner as provided in W&IC Sections 11495.1 and 11495.12. Under the latter section, "abuse" means battering or subjecting a victim to extreme cruelty by (1) physical acts that resulted in or threatened to result in physical injury, (2) sexual abuse, (3) sexual activity involving a child in the home, (4) being forced to participate in nonconsensual sexual acts or activities, (5) threats of, or attempts at, physical or sexual abuse, (6) mental abuse, (7) neglect or deprivation of medical care, or (8) stalking.

A sworn statement of abuse by a victim or representative of the victim if the victim is not able to competently swear, is sufficient to establish abuse if one or more additional items of evidence of abuse is also provided. Additional evidence may include, but is not limited to the following:

- (a) Police, government agency, or court records or files;
- (b) Documentation from a domestic violence program, legal, clinical, medical, or other professional from whom the applicant or recipient has sought assistance in dealing with abuse;
- (c) A statement from any other individual with knowledge of the circumstances that provided the basis for the claim; or
- (d) Physical evidence of abuse.

If the victim cannot provide additional evidence of abuse, then the sworn statement shall be sufficient if the county makes a determination documented in writing in the case file that the applicant is credible.

## Age, Blindness and Disability

Individuals must be determined to be aged, blind or disabled to be eligible for CAPI.

Aged, for purposes of CAPI eligibility means age 65 or older. This must be verified by reviewing the person's birth or baptismal record, when available. When neither is available, other evidence, such as INS documents may be used to verify an applicant's age or date of birth. If an applicant had previously received SSI/SSP or Title II Social Security based on age (not blindness or

disability), or is currently receiving Medi-Cal based on age, the date of birth established for those benefits can be used without additional verification.

Disability and Blindness, if not previously established for SSI/SSP, Title II Social Security, or Medi-Cal, must be determined by the State Programs Branch before CAPI payments can be made. Disability is generally defined as the inability to do any substantial work by reason of a medically determinable physical or mental impairment which can be expected to end in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. Blindness is defined as statutory (legal) blindness. Medical History and related forms will have to be completed and transmitted to the State Programs Branch along with any other applicable medical documentation just as they are for a Medi-Cal, Medically Needy application. The required forms are MC 220, MC 221, and MC 223.

### *Presumptive Disability*

SSA allows its field office staff to make presumptive disability decisions for cases with certain specific diagnoses, with either no or limited medical evidence. Counties may likewise grant or authorize CAPI payments based on a determination that the applicant is presumptively disabled. Counties may make a presumptive disability determination only when the applicant meets one of the specific diagnoses listed on attachment 1. In accordance with SSI guidelines there is a six-month limit on presumptive disability CAPI payments.

### Income

20 CFR 416.1102 defines income for SSI purposes as anything that a person receives in cash or in kind that can be used to meet the person's need for food, shelter and clothing. In-kind income is not cash, but is actually food, clothing, or shelter, or something a person can use to get one of these. The latter phrase means that if a person receives a non-cash gift, e.g. jewelry, that can be converted to cash, the current market value of the item will be counted as income. This same definition will be used for the CAPI program.

A person's, or couple's, countable income must be less than the appropriate CAPI payment standard shown in attachment 2 to be eligible for CAPI. There are different types of income, earned and unearned, with different rules for each. Generally, earned income is wages and self-employment income; unearned income is everything else. The applicant must provide, or counties must obtain, verification of gross income. The income guide (attachment 3) provides more details regarding income and income exclusions.

Countable income is a person's, or couple's, gross income, before any deductions are made for any reason such as overpayment collection, taxes, medical insurance premiums or any other garnishment, *minus* allowable exclusions. The most commonly used income exclusions are a \$20 General Exclusion that is deducted from most unearned income, and an earned income exclusion of \$65 plus one-half the remainder of the earned income. Any portion of the General Exclusion that is not applied to unearned income may be applied to earned income. Please refer to attachment 3 for a complete listing of all exclusions.

### *In-Kind Support and Maintenance*

In-kind support and maintenance (ISM) is defined as food, clothing or shelter that is given to a recipient, or that the recipient receives because someone else pays for it (see attachment 3). Shelter includes room, mortgage or rent, property taxes, property insurance (if required by mortgage holder), gas, electricity, heating fuel, water, sewer and garbage expenses. There are two rules used to determine the dollar amount of ISM charged to a recipient/applicant:

- 1) The Household of Another (HOA) reduced needs living arrangement is applied when the individual lives with someone else (other than a spouse, or parent if a minor child) and receives both food and shelter from that person for an entire month. The in-kind support is not actually counted as income but is applied in this situation by using the reduced needs CAPI payment standard for living in the Household of Another.
- 2) ISM subject to the presumed maximum value (PMV), which is equal to one third of the federal SSI rate plus \$20. The current PMV is \$184.66 for an individual and \$267 for a couple. The PMV will be charged when an individual lives alone, or has ownership or rental liability, and receives ISM from someone outside the household, or when living with someone else and receiving either food or shelter, but not both, from that person. The applicant/recipient can rebut the PMV by proving that the actual value of ISM received is less than the PMV.

The two rules are mutually exclusive. When the HOA applies, the PMV cannot be charged. ISM cannot be charged at a rate higher than the PMV regardless of the actual value of the food, shelter or clothing received. ISM is unearned income even when related to certain work activities in another person's home. There are two reasons for this under SSI regulations. First, household contributions must be in cash; babysitting, housekeeping and similar chores are not counted as valid contributions towards the household expenses. Secondly, when food or shelter are provided as remuneration to a domestic or agricultural employee, or for services not in the course of the employer's trade or business, they must be counted as ISM, not wages under federal regulations (20CFR 416.1110; 404.1057-1058).

For example, a CAPI applicant/recipient living with her adult daughter makes no cash contribution towards the household and receives both food and shelter from her daughter. In return, the applicant/recipient baby-sits her grandchildren 10 hours per day. The applicant/recipient would be subject to the HOA living arrangement, but not charged with any earned income.

Please refer to the subsection on living arrangements and attachment 3 for further information regarding ISM.

### *Deeming of Income*

Deeming is the term for the process of considering another person's income to belong to the CAPI applicant/recipient. Deeming may occur from an ineligible spouse, from an ineligible parent to a minor child, or from a sponsor (and his or her spouse) who signed an Affidavit of Support (Affidavit) to the sponsored immigrant. Deeming from an ineligible spouse or parent occurs only when the deemor is living in the same household with the applicant/recipient. Deeming from a

sponsor may occur regardless of whether the sponsor lives in the same household as the applicant/recipient. When any of the deeming rules apply, it does not matter whether the income of the deemor is actually made available to the recipient/applicant. Please see attachment 3 for more information on deemed income exclusions, and the attached income eligibility worksheet (SOC 452).

### *Sponsor to Alien Deeming*

Sponsor to alien deeming rules differ depending on whether the sponsor signed an old Affidavit or a new Affidavit. The new Affidavit is one that complies with the legal requirements of P.L. 104-193, and became effective December 19, 1997. It is possible that some immigrants may have entered the U.S. for a period of time after that date under the old Affidavit.

If the immigrant's sponsor signed the old Affidavit, the deeming period ends after 3 years. If the immigrant's sponsor signed the new Affidavit, deeming continues until the immigrant becomes a naturalized citizen or can be credited with 40 qualifying quarters of work. Deeming will also stop for CAPI if the immigrant is a victim of abuse and is not living in the same household as the individual responsible for the abuse. In the event of the sponsor's death, deeming may continue from a joint sponsor, such as the sponsor's spouse, who has also signed an affidavit of support. Deeming will continue to apply from a disabled sponsor. Please see SOC 454 (attachment) for the sponsor to alien deeming worksheet.

### Resources

Resources means cash or other liquid assets or any real or personal property that an individual (or spouse, if any) owns and could convert to cash to be used for his or her support and maintenance. An individual's, or couple's, countable resources must not exceed specified limits in order to be eligible for CAPI. The resource limits are \$2000 for an individual and \$3000 for a couple. Resource determinations are made as of the first moment of the month. Any applicant/recipient whose countable resources are below those limits as of the first moment of the month meets the resource requirement for the entire month. Please refer to the Resources Guide in attachment 6 for further information regarding countable resources and resource exclusions.

### *Deeming of Resources*

Resources, like income, are also deemed from an ineligible spouse or parent, or a sponsor. If the deemor is an individual, any countable resources in excess of \$2000 are deemed to the applicant recipient. If the deemor(s) is a member of a married couple, any countable resources in excess of \$3000 are deemed to the applicant/recipient.

### Living Arrangements/Residency

An individual's living arrangements are always a factor in determining the appropriate CAPI payment standard and benefit amount. In some cases, a person's living arrangement may make them ineligible for CAPI.

- Any person who is living in a public institution, e.g., jail, prison, VA Hospital, for an entire month is not eligible for CAPI.
- Any person who is not a California resident is not eligible for CAPI. California residence is established by physical presence in California with the intent to remain in the state.

Other living arrangement situations are discussed in the Benefit Determination Section.

### Eligibility for Other Benefits

Non-citizens must be ineligible for SSI/SSP based solely on their immigrant status to be eligible for CAPI. Since the SSI/SSP immigrant status rules are complex, and may change over time, each applicant must provide (or the county must obtain) verification from the Social Security Administration (SSA) that the applicant is ineligible for SSI/SSP due to his or her immigrant status. Qualified Aliens age 65 or older who have lived in the U.S. since prior to August 22, 1996 are considered ineligible for SSI/SSP due to their immigrant status if they have not yet been determined disabled by SSA. Individuals in this group are eligible for CAPI while their SSI/SSP disability application is pending. Qualified Aliens under age 65 who have lived in the U.S. since prior to August 22, 1996 are ineligible for CAPI.

Any applicant who the county believes may be eligible for SSI/SSP must be referred to SSA for a determination and/or to file an application. If an SSI/SSP disability application is denied because the individual is determined not disabled, the county must also make a mandatory referral for the CAPI applicant/recipient to appeal the disability determination. If SSA issues a non-medical denial, county staff must make their own determination regarding SSA's decision. If the county believes SSA's decision was correct, they should not refer the individual to appeal it. If the county believes SSA's decision was incorrect, a mandatory referral to appeal must be made. Any applicant/recipient who fails to file or appeal an SSI/SSP application, following a county referral, is ineligible for CAPI and their benefits should be denied or terminated.

To be eligible for CAPI, and in accordance with SSI/SSP regulations (20 CFR 416.210), applicants/recipients must file for any other benefits for which they may be eligible. Other benefits include, but are not limited to Title II Social Security, veterans' benefits, workers' or unemployment compensation or any other private pensions.

### Fleeing Felons

P.L. 104-193 indicates that no person shall be eligible for SSI if that person is:

- 1) Fleeing to avoid prosecution, or custody or confinement after conviction for a crime which is a felony under the laws of the place from which the person flees; or.
- 2) Violating a condition of probation or parole imposed under federal or state law.

Likewise, no person who meets one of the two conditions shown above will be eligible for CAPI.

## **APPLICATIONS**

Applications are required to establish initial CAPI eligibility for everybody except for those former SSI/SSP recipients converted centrally to CAPI by CDSS. Applications are also required to re-establish CAPI eligibility following a period of ineligibility of more than 12 months.

The application forms to be used are:

SAWS 1/CA1	APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDICAL/STATE CMSP (CW1)
MC 210	STATEMENT OF FACTS (MEDICAL)
SOC 451	CAPI SUPPLEMENTAL APPLICATION (Attached)
SOC 453	STATEMENT OF LIVING ARRANGEMENT AND HOUSEHOLD EXPENSES (Attached)

The MC 210 is being used for the county's convenience so that it may also be used in a concurrent Medi-Cal application process. Under the latter scenario, a photocopy of the signed MC 210 should be kept in the CAPI file, with the original going with the Medi-Cal application. However, please be aware that the MC 210 solicits some information that is not used in determining CAPI eligibility. For example, other family members' income and resources will not affect the CAPI eligibility of an unmarried adult (unless the family member is also the immigrant's sponsor).

The Statement of Living Arrangement and Household Expenses must be completed with all applications. The head of the household where the applicant/recipient is living must co-sign, (or complete and sign his or her own statement), this statement anytime the applicant/recipient is alleging sharing in the household expenses.

A face-to-face contact is not required for applications, although counties may require face-to-face interviews at their discretion. As part of the application process, counties must advise applicants to report changes in their income, resources, living arrangements, or any other factors that could affect their CAPI eligibility or payment amount.

### *Application Effective Date*

Federal law (P.L. 104-193) changed the rules governing the application effective date for all SSI/SSP applications. Under the new law, SSI payments may only begin as of the first day of the month following the later of: the date the application is filed; or the date the individual would otherwise become eligible for such benefits. CAPI will follow the same eligibility rules. For example:

A man files for CAPI on November 1, 1998, the day he turns age 65. His application effective date and the first date for which he can receive CAPI payments is December 1, 1998.

## **INTERIM ASSISTANCE REIMBURSEMENT (IAR)**

IAR is the term for the process by which counties currently receive an individual's first SSI/SSP payments from SSA when benefits are awarded retroactively, in a disability case, for

example. The IAR process is currently used to reimburse counties for General Assistance (GA) payments made while the SSI/SSP application is pending. The new law (W&IC 18938(c)) requires the Department to take all necessary steps, including requiring a repayment agreement, to qualify CAPI payments for IAR. Until further notice, counties should act as agents for the Department in collecting any IAR funds and crediting them back to the CAPI program. In setting up IAR with SSA, counties should process CAPI applicants just as they do GA applicants for IAR purposes. It is possible that the counties may receive just one IAR payment from SSA that includes reimbursement funds for both the county's GA program and CAPI. The IAR procedures will be addressed in a future letter.

## **BENEFIT DETERMINATION**

Once eligibility is established, the actual benefit amount must be determined. The first step in the process is to determine which of the CAPI payment standards will apply. Although blindness and marital status are also factors in determining the proper payment standard, living arrangements play the biggest role. The following are brief definitions of the living arrangements and payment categories used to determine SSI/SSP benefit rates in California. The same living arrangement definitions will be used in determining benefit amounts under CAPI. The living arrangement categories are:

- 1) Independent Living – Includes people who: live alone, have ownership interest or rental liability, are transients, live in a public assistance household, live with someone else but purchase their food separately or pay a pro rata share for food and/or shelter expenses, or are renting a room under a business-like arrangement. If ISM is received, it is charged as PMV.

Included in the Independent Living Arrangement are separate payment standards for blind individuals, couples where both members are aged or disabled, couples where both members are blind, and couples where only one member is blind.

- 2) Household of Another (HOA) – For people who live with someone else (other than a spouse, or parent if a minor child) and receive both food and shelter from that person. They either make no contribution towards the household expenses or pay less than pro rata share for both food and shelter. They do not have ownership interest or rental liability.

Included in the Household of Another living arrangement are separate payment standards for blind individuals, couples where both member are aged or disabled, couples where both members are blind, and couples where only one member is blind.

- 3) Non-Medical Out-of-Home Care (NMOHC) – For recipients who live outside their own home in a protective living arrangement who at a minimum receive board, room, and personal nonmedical care and supervision related to the recipient's individual needs. NMOHC may be provided in:

- (a) A licensed foster care, community care, or residential care facility

- Includes children in these facilities or a “certified family home” as identified in Health and Safety Code section 1506(d).

- Valid licensure should be verified for each facility by contacting the local Community Care Licensing field office.
- (b) A non-licensed private residence of a recipient’s relative or legal guardian conservator, where the need for and the appropriateness of the care has been certified by the county welfare department. A “relative” means a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any such person denoted by the prefix “grand” or “great”.
- Includes children residing in the home of a legal guardian/conservator who is not a relative, or the home of a relative (as defined above) who is not his/her parent.
  - There is a separate payment standard for people receiving NMOHC in the home of a relative and subject to the Household of Another living arrangement.
  - Included in the NMOHC living arrangement are separate payment standards for couples.
  - The same certification process that county welfare departments currently provide for SSA must be used for CAPI.
  - Individuals cannot receive both the NMOHC CAPI rate and In-Home Supportive Services. Recipients/applicants must choose one or the other.
- 4) Independent Living Without Cooking Facilities – This living arrangement includes an extra benefit known as the Restaurant Meal Allowance (RMA) for aged or disabled recipients only who, for at least the entire month, do not have access to both a stove and refrigerator and do not have meals provided as part of their living arrangement.
- Included in the RMA living arrangement are separate payment standards for couples where both members are aged or disabled.
  - This living arrangement category does not apply to blind individuals or couples with at least one blind member.
- 5) Disabled Child Living With Parent – Child under age 18 living with one or both parents.
- If both the child and the parent(s) are living in the Household of Another, the reduced needs HOA living arrangement category for children applies.
  - Blind children are paid at the blind adult rate
- 6) Title XIX Medical Facility – Where individuals are living in a medical facility for an entire month and Medi-Cal and/or other medical insurance is paying at least 50 percent of their cost.

Living arrangements are always determined as of the first moment of the month and remain the same throughout the month. Living arrangement changes resulting from a move are effective the first of the month following the date of the move.

For purposes of determining CAPI eligibility and payment amount, “couple” is defined as a man and woman living in the same household who 1) are legally married or, 2) both declare that they consider themselves to be married and lead others to believe that they are husband and wife.

Counties should accept the applicant/recipient's statement regarding marital status unless the county has information to the contrary.

### *Benefit Amounts and Retrospective Monthly Accounting*

Retrospective monthly accounting is the term used to describe the benefit determination process, which as a general rule uses the individual's, or couple's countable income received two months prior to the current month to determine the CAPI benefit amount for the current, or payment month. The month two months prior to the current month will be referred to as the budget month. The following exceptions apply:

- For the first two months of eligibility, the budget and payment months will be the same.
- ISM from the budget month will not be used to further reduce the CAPI payment that is already reduced in the payment month because the individual is in the Household of Another living arrangement.
- The first two months following a status change from individual to couple, couple to individual, or child to adult, will be treated the same as the first two months of eligibility.

Once the proper payment standard has been determined, the CAPI benefit amount is calculated by subtracting the individual's, or couple's, countable income from the budget month from the appropriate payment standard in the payment month. The difference is the CAPI payment. Each member of a couple receives one-half of the couple's benefit. Please see the attached CAPI Income Eligibility worksheet (SOC 452), and examples of benefit calculations in attachment 3.

## **OTHER PROGRAMS**

CAPI recipients may be eligible for Medi-Cal, Food Stamps (including the California Food Assistance Program) or In-Home Supportive Services. Counties should advise CAPI applicants and recipients of their potential eligibility for the other programs and make the appropriate referrals. The SAWS 1 may be used as a protective filing for either Medi-Cal or Food Stamps, but the individual must still complete the application process for the other programs.

## **HEARINGS AND APPEAL RIGHTS**

Individuals will have the same hearing and appeal rights under CAPI that they have under other state public assistance programs. These rights are outlined in the attached Notices of Action.

These hearing and appeal rights include the right to adequate and timely notices as described in MPP Chapter 22 California-DSS-Manual-CFC. Camera ready sample notices are attached

## **DATA REPORTING**

The CDSS is currently assessing data collection, tracking, and reporting requirements. Information will be provided in future All County Letters.

Any questions regarding this information should be directed to Patty Russell, Chief of the Adult Programs Management Bureau, at (916) 229-4000.

Sincerely,

***Original Document Signed By  
Donna L. Mandelstam On 10/16/98***

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

## **LIST OF ATTACHMENTS**

1. SPECIFIC DIAGNOSES FOR PRESUMPTIVE DISABILITY
2. CAPI PAYMENT STANDARDS
3. CAPI INCOME GUIDE
4. CAPI INCOME ELIGIBILITY WORKSHEET (SOC 452)
5. CAPI SPONSOR-TO-ALIEN DEEMING WORKSHEET (SOC 454)
6. CAPI RESOURCES GUIDE
7. NOTICES OF ACTION
8. CAPI SUPPLEMENTAL APPLICATION FORM (SOC 451)
9. LIVING ARRANGEMENT AND HOUSEHOLD EXPENSES FORM (SOC 453)

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)  
SPECIFIC DIAGNOSES FOR PRESUMPTIVE DISABILITY (PD):**

1. Amputation of two limbs
2. Amputation of a leg at the hip
3. Allegation of total deafness
4. Allegation of total blindness
5. Allegation of bed confinement or immobility without a wheel chair, walker or crutches, due to a long-standing condition (excluding recent accident or recent surgery)
6. Allegation of stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm
7. Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of hands or arms
8. Allegation of diabetes with amputation of foot
9. Allegation of Down's Syndrome
10. Allegation of severe mental deficiency made by another individual filing on behalf of the claimant who is at least 7 years old. (For example: A mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency or, is unable (or was unable) to attend any type of school, and requires care and supervision of routine daily activities.) Note: "mental deficiency" means mental retardation. This PD category pertains to individuals who depend upon others for meeting personal care needs such as hygiene and for doing other routine activities which grossly exceeds age-appropriate dependence as a result of mental retardation.
11. A child is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight at birth below 2 pounds, 10 ounces (1,200 grams)
12. Human immunodeficiency virus (HIV) infection (accompanied by a medical-source statement regarding manifestations of illness.
13. A child is 6 months or younger and available evidence (e.g., hospital admission summary) shows a gestational age at birth as follows:

Gestational Age (in weeks)	Birth Weight
37-40	Less than 2,000 grams (4 lbs. 6 oz.)
36	1,875 grams or less (4lbs. 2 oz.)
35	1,700 grams or less (3 lbs. 12 oz.)
34	1,500 grams or less (3 lbs. 5 oz.)
33	1,325 grams or less

14. A physician or knowledgeable hospice official confirms an individual is receiving hospice services due to terminal cancer

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
ADMINISTRATION DIVISION

ATTACHMENT 2

SSI/SSP PAYMENT STANDARDS & CASH ASSISTANCE FOR IMMIGRANTS (CAPI) PAYMENT STANDARDS  
EFFECTIVE JANUARY 1, 1998

EFFECTIVE DECEMBER 1, 1998

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE (NMOHC)			
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD		IN LICENSED FACILITY OR HOUSEHOLD OR RELATIVE WITHOUT IN-KIND ROOM & BOARD	
	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI
<b><u>INDIVIDUAL:</u></b>								
AGED OR DISABLED	650.40	640.40	497.80	487.80	638.34	628.34	796.00	786.00
- without cooking facilities(RMA)*	718.40	708.40	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	705.40	695.40	563.40	553.40	638.34	628.34	796.00	786.00
DISABLED MINOR								
- living with parent(s)	557.40	547.40	396.17	386.17				
- living with non-parent relative or non-relative guardian					638.34	628.34	796.00	786.00
<b><u>COUPLE:</u></b>								
AGED OR DISABLED								
- per couple	1,155.71	1,135.71	946.02	926.02	1,312.33	1,292.33	1,592.00	1,572.00
- without cooking facilities(RMA)*	1,291.71	1,271.71	N/A	N/A	N/A	N/A	N/A	N/A
BLIND								
- per couple	1,339.18	1,319.18	1,129.49	1,109.49	1,312.33	1,292.33	1,592.00	1,572.00
BLIND/AGED OR DISABLED								
- per couple	1,270.73	1,250.73	1,061.05	1,041.05	1,312.33	1,292.33	1,592.00	1,572.00

**TITLE XIX MEDICAL FACILITY**

	Individual	Couple
Total SSI/SSP.....	\$42	\$84
Total CAPI.....	\$32	\$64

\* RMA – Restaurant Meals Allowance

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)****INCOME GUIDE****INCOME DEFINITION**

Income is defined as anything received in cash or in-kind which can be used or sold to meet the recipient's needs for food, clothing and shelter. In-kind income is actually food, clothing or shelter, or something the recipient can use, through sale or trade, to get any of these.

**COUNTABLE INCOME**

Countable income is the individual's gross income, plus that of a spouse or ineligible parent, minus any exclusions. An individual's countable income is used to determine eligibility and the amount of the CAPI payment. To be eligible, an individual's or couple's countable income must be less than the appropriate CAPI rate. The actual CAPI amount is determined by subtracting an individual's countable income from the payment rate.

**INCOME EXEMPTIONS**

Certain items received are not income because they are not, nor can they be used to obtain, food, clothing or shelter. Additionally, anything received from the sale or exchange of the individual's personal property is not income. The following are some items that are not income:

- Medical care and services
- IHSS or personal care services provided to the recipient, or money restricted to paying for such services
- Receipts from the sale, exchange or replacement of a resource (this is not income, but rather resources that have changed their form, i.e., proceeds from the sale of a car)
- Income tax refunds
- Payments by a credit life or credit disability insurance policy
- Proceeds of a loan--money borrowed or money received as a repayment of a loan is not income
- Replacement of income already received--if income is lost, stolen or destroyed, the replacement is not income
- Weatherization Assistance

**INCOME EXEMPTIONS** (Continued)

- Certain non-cash items--any item except shelter, food or clothing which would be an excluded non-liquid resource is not income, i.e., receipt of an excludable vehicle is not income

**EARNED INCOME**

Earned income includes wages, net earnings from self-employment, wages for work performed in a sheltered workshop, in-kind earned income, royalties and honoraria. Wages are counted for each month when they are received. The monthly average of the annual net self-employment income (SEI) is counted for each month of the taxable year.

**EARNED INCOME EXCLUSIONS/DEDUCTIONS**

Earned income exclusions are applied to earned income (gross wages or average net SEI) in the following order:

1. Earned income excluded by other Federal law
2. Earned income tax credits
3. Up to \$400/month, but no more than \$1,620/year, for blind or disabled children regularly attending school
4. Any portion of the \$20/month general exclusion not applied against unearned income
5. Earned income of \$65/month
6. Earned income used to pay impairment related work expenses (IRWE) for disabled individuals under age 65
7. One-half of the remaining earned income in a month
8. Blind Work Expenses (BWE) for blind individuals under age 65
9. Earned income used to fulfill an approved Plan to Achieve Self Support (PASS) for blind and disabled individuals under age 65

**Plan for Achieving Self Support (PASS)**

A blind or disabled individual may set aside income or resources, and have them excluded, in order to fulfill a Plan for Achieving Self Support (PASS). A PASS must be in writing and approved by the County. The initial duration of the PASS shall be no longer than expiration (sunset) date of the program. The individual must outline and ultimately verify how the money was spent. Any money saved for a PASS must be kept separate from other resources. Common examples of PASS money usage are vocational training, buying a vehicle, or buying computer equipment--any of which could reasonably be expected to assist the individual to become employed.

**EARNED INCOME EXCLUSIONS/DEDUCTIONS** (Continued)**Blind Work Expenses (BWE)**

Any work-related item paid by a blind individual may be deducted from gross earnings as a BWE. Some of the more common deductions include Federal and local income taxes, cost of at-work meals, and transportation.

**Impairment Related Work Expenses (IRWE)**

Impairment related work expenses are expenses for items or services directly related to enabling a disabled person to work and which are necessarily incurred because of a physical or mental impairment. To qualify, an individual must receive a disability payment before age 65, the expense must be reasonable, and the expense must actually be paid and not reimbursable. The amount of the IRWE paid in a month is generally deducted from the gross earned income for that same month. Typical expenses include medications and medical devices.

**UNEARNED INCOME**

Unearned income is anything that is not earned income. Some examples follow:

Annuities and pensions	Alimony and support payments
Dividends, interest & royalties	Rental income
Prizes and awards	Gifts and inheritances
In-kind support & maintenance	Death benefits
Federally funded public assistance	

**Treatment of Income**

Unearned income is counted in the month it is received. Generally, the gross amount of the unearned income in a month is counted before any deductions for:

- Recovery for an overpayment from another benefit program\*;
- Any garnishment or withholding to pay a debt or legal obligation, such as child support; and
- Any withholding to make payments or to pay insurance premiums, such as Medi-Care.

*\* Exception: amounts withheld to recover overpayments are excluded if the individual previously received CAPI and another benefit simultaneously and the overpayment amount was included in computing the CAPI payment.*

**UNEARNED INCOME** (Continued)

For other specific types of unearned income, less than the gross amount is counted. For insurance settlements, the costs incurred in getting payment, such as legal and medical expenses, are subtracted. Legal fees may also be subtracted when associated with receiving a retroactive check from another benefit program. Any portion of a death benefit used to pay for last illness or burial expenses of the deceased is subtracted. Any portion of veteran's benefits paid to the recipient because of a dependent is subtracted from the gross benefit.

**UNEARNED INCOME EXCLUSIONS**

Unearned income exclusions are applied in the following order:

1. Income excluded by other Federal laws, i.e., Agent Orange and Japanese Internment payments;
2. Assistance based on need that is wholly funded by a state or political subdivision, i.e. General Assistance;
3. Any portion of a grant or scholarship used for paying tuition, fees and other educational expenses;
4. Food raised and consumed by recipient and family;
5. Disaster Relief and Emergency Assistance provided under Federal statute
6. Up to \$20 of irregular and infrequent income received no more than once per quarter, i.e., interest;
7. Payments based on state residence (Alaska);
8. Payments for providing foster care to an ineligible child;
9. Interest earned on excluded burial funds;
10. In-kind home energy assistance provided by a non-profit agency or utility company;
11. One-third of support payments for eligible children;
12. The first \$20 of any unearned income in a month (the \$20 exclusion does not apply to a benefit based on need that is totally or partially funded by the Federal government. The most common examples are TANF and VA pensions.);
13. Any unearned income used to fulfill an approved PASS;
14. Subsidized housing assistance;
15. Interest earned on excluded burial space;
16. Value of commercial airline ticket for U.S. travel received as a gift;
17. Payments from a state-based fund to aid victims of violent crime; and
18. Relocation assistance.

**IN-KIND SUPPORT AND MAINTENANCE (ISM)**

In-kind support and maintenance is defined as any food, clothing or shelter that is given to a recipient or that the recipient receives because someone else pays for it. Shelter includes room, rent, mortgage payments, property taxes and insurance, heating fuel, gas, electricity, water, sewer, and garbage services. Mobile home space rental is not a shelter expense. There is no ISM in the form of room or rent if the recipient is paying the current market rental value (CMRV) under a business arrangement. The rent paid under a business arrangement is presumed to be the CMRV unless the recipient or anyone in the household is related as parent or child to the landlord or the landlord's spouse.

In-kind support and maintenance can be received from someone living in the same household, or from outside the household. ISM from inside the household can be determined under the value of the reduced needs Household of Another (HOA) living arrangement rule, or under the presumed maximum value (PMV) rule. ISM from outside the house can only be determined under the PMV rule.

An applicant/recipient living with others and paying a pro rata share of the household expenses is considered to be in the independent living arrangement due to sharing, and is not receiving ISM from inside the household. An applicant/recipient living in a public assistance household is presumed to be sharing expenses equally and is therefore considered to be in the independent living arrangement, and is not receiving ISM from inside the household. A public assistance household is one in which every member receives some kind of public income-maintenance payments such as SSI/SSP, CalWORKs, GA, or VA pension (based on need).

Household expenses include food, unless the applicant/recipient purchases it separately, and all the shelter expenses listed above.

Pro rata share is the average monthly household expenses divided by the number of people in the household regardless of age.

**HOUSEHOLD OF ANOTHER (HOA)**

The household of another (HOA) refers to living arrangements reflected on the CAPI payment standard chart where the CAPI payment level is reduced. It reflects the federal SSI payment category that has been reduced by one-third. Although the County treats it as a living arrangement category, the term really means that the recipient is living in another person's household for an entire month and is receiving ISM in the form of both food and shelter from that person.

A person cannot be placed in the HOA reduced payment category if the individual:

- 1) has ownership interest or rental liability; or
- 2) is paying the pro-rata share of the household's food and/or shelter expenses.

**PRESUMED MAXIMUM VALUE (PMV)**

The presumed maximum value is charged whenever the individual is not subject to the HOA living arrangement and is receiving ISM. Instead of determining the actual value of any food, clothing or shelter received, the County shall simply presume that it is worth a maximum value. This maximum value is equal to one-third of the individual's, or couples', Federal benefit rate, plus \$20.00. In November, 1998, the PMV is \$186.66 for an individual and \$267.00 for a couple. The recipient can rebut the PMV by presenting evidence that the actual value of the ISM is less than the PMV. If the rebuttal is successful, the individual will be charged with just the actual value.

**DEEMED INCOME**

Deemed income refers to income received by another person that is considered to be received by the recipient for the purpose of determining the CAPI payment amount. It does not matter whether the income is actually available to the recipient. Income shall be deemed from anybody living in the same household who is an ineligible spouse, ineligible parent or a minor child, or sponsor of an alien. Income of an ineligible spouse or parent is subject to the same exclusions listed above for the recipient, plus the following:

- Any public assistance payments, regardless of payment source;
- Any other income used by a public assistance program in figuring that payment;
- Income used to comply with the terms of court-ordered support, or support payments enforced under Title IV-D; and
- Income paid under a Federal, state or local government program to provide the recipient with chore or homemaker services, i.e., IHSS payments.
- Sponsor's income is not subject to any of the regular or deeming exclusions, although the sponsor does get an allocation.

**EXAMPLES OF BENEFIT COMPUTATIONS****Example I**

Mr. Jones, an aged individual living alone receives a \$300 monthly check under the Title II program. His daughter pays his monthly rent of \$800. What is his benefit amount?

A	\$300.00	Title II	B.	\$640.40	CAPI Standard
	<u>+184.66</u>	PMV		<u>-464.66</u>	Countable Income
	\$484.66			\$175.74	CAPI Payable
	<u>-20.00</u>	General Exclusion			
	\$464.66	Countable Income			

**Example II**

Mr. Green, a disabled individual, earns gross wages of \$885 per month. What is his monthly benefit?

A	\$885.00	Wages	B.	\$640.40	CAPI Standard
	-20.00	General Exclusion		<u>-400.00</u>	Countable Income
	<u>-65.00</u>	Earned Income Exclusion		\$ 240.40	CAPI Payable
	\$800.00				
	<u>X 1/2</u>	Earned Income Exclusion			
	\$400.00	Countable Income			

**EXAMPLES OF BENEFIT COMPUTATIONS** (Continued)**Example III**

\$220 Title II Social Security ("unearned" income)  
 \$165 Wages (earned income)

Unearned income calculation	\$220.00 <b><u>- 20.00</u></b> \$200	Title II Social Security <b>General income exclusion</b> Countable unearned income
Earned income calculation	\$165.00 <b><u>-65.00</u></b> \$100.00 \$ 50.00	Wages <b>Earned income exclusion</b> Divided by 2 Countable earned income
Total countable income calculation	\$200.00 <b><u>+ 50.00</u></b> \$250.00	Countable unearned income Countable earned income Total countable income
	\$640.40 <b><u>-250.00</u></b> \$390.40	CAPI Rate Countable income CAPI Benefit*

**IF COUNTABLE INCOME EQUALS OR EXCEEDS THE CAPI RATE, THE RECIPIENT  
 WILL NOT RECEIVE A CAPI BENEFIT**

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)  
INCARCERATED CAPI RECIPIENTS**

A CAPI recipient who becomes incarcerated is ineligible for CAPI for the entire month when incarcerated throughout the entire calendar month.

A recipient's CAPI benefits are pro-rated from the month they are released from the institution following a period of ineligibility due to incarceration.

In-kind support and maintenance (ISM) income is charged to a recipient for any month that the recipient is incarcerated as of the very first moment of the month. The current presumed maximum value of the ISM charged is \$176.66/month. This amount is charged whether the recipient is released on the first or the 31st of the month.

Example A

Mr. Jones is incarcerated June 5, 1996. He is released from jail on July 25, 1996.

Result: Mr. Jones is otherwise eligible for CAPI for both June and July, but is charged with ISM for July.

Example B

Mr. Smith is incarcerated June 5, 1996. He is released August 2, 1996.

Result: Mr. Jones is ineligible for CAPI for July and for one pro-rated day of CAPI benefits for August. He is also charged with ISM for August.

Example C

Mr. Green is incarcerated on June 1, 1996. He is released on August 31, 1996.

Result: Mr. Green is ineligible for July with 30 days of pro-rated CAPI benefits for August. He is also charged with ISM for August.

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) INCOME ELIGIBILITY - ADULT

NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

RECIPIENT(S)			RECIPIENT WITH INELIGIBLE SPOUSE		
A. Income of individual, or couple where both members are receiving, or applying for, CAPI and/or SSI/SSP. Show gross amounts of all non-excluded income.			B. Income of individual who is receiving or applying for CAPI, and a spouse who is not eligible or applying for CAPI and/or SSI/SSP. Show gross amounts of all non-excluded income.*		
	UNEARNED	EARNED		UNEARNED	EARNED
1. a. Social Security and other pensions			1. Income of ineligible spouse		
b. In-Kind Support			2. Allowance for ineligible children**		
c. Income deemed from Sponsor			a. Amount**		
d. Other unearned income			b. Children's inc.		
2. Total unearned income. (Add 1a - 1d)			c. Net allowance (a minus b)		
3. General Exclusion	\$20.00		d. Total allowance (sum of B2c's)		
4. Subtract A3 from A2. Enter result.			3. Remaining unearned income (B1 minus B2d)		
5. Income based on need (CalWORKs, VA pension, etc.)			4. Unused allowance (If B2d is greater than B1, enter the difference)		
6. Add A4 and A5. Enter result.			5. Remaining earned income (B1 minus B4)		
7. Self Support Plan exclusion			6. CAPI recipient's income (from A2 and A9)		
8. Countable Unearned Income. Subtract 7. From 6. Enter result.			7. Couple's income (B3 plus B6 unearned, B5 plus B6 earned)		
9. Earned Income			8. General Exclusion	\$20.00	
10. Unused \$20 exclusion from above.			9. Net unearned (B7 minus B8)		
11. Earned income exclusion		\$65.00	10. Income based on need (CalWORKs, VA pension)***		
12. Total exclusions (A10 plus A11)			11. Add B9 plus B10. Enter result.		
13. Subtract A12 from A9. Enter result.			12. Self Support Plan exclusion		
14. IRWE			13. Countable Unearned Income (B11 minus B12)		
15. Subtract A14 from A13. Enter result.			14. Unused portion of \$20 exclusion from above.		
16. Divide A15 by 2. Enter result.			15. Earned income exclusion		\$65.00
17. Blind work expenses and remaining self support plan.			16. Total exclusions (B14 plus B15)		
18. Earned Countable Income (A16 minus A17)			17. Subtract B16 from B7. Enter result.		
19. Total countable income (A8 plus A18).			18. IRWE		
20. CAPI payment standard.			19. Subtract B18 from B17. Enter result.		
21. CAPI payment (A20 minus A19).			20. Divide B19 by 2. Enter result.		
* Also complete column A using only the individual's income.			21. Blind work expenses and remaining self support plan.		
** Ineligible child's allowance equals the difference between the federal SSI standard for an individual and the SSI standard for a couple (\$247 as of Jan. 1, 1998). If the ineligible spouse's income is less than this amount, deeming does not apply and the CAPI payment will be based on the individual's own income under column A.			22. Earned Countable Income (B20 minus B21)		
*** If the ineligible spouse is receiving assistance based on need, deeming does not apply and the CAPI payment will be based on the individual's own income under column A.			23. Total Countable Income (B13 plus B22)		
			24. CAPI couple payment standard.		
			25. Potential CAPI payment based on deemed income (B24 minus B23).		
			<b>C. Actual CAPI payment is the smaller of B25 or A21</b>		

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WORKER \_\_\_\_\_

DATE \_\_\_\_\_

## CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) SPONSOR TO ALIEN DEEMING WORKSHEET

### INCOME

Gross income (earned and unearned) of the sponsor(s) and the sponsor's spouse (if living together).

\$ \_\_\_\_\_

Allocation for sponsor(s). Each sponsor's allocation is equal to the federal SSI rate\* for an individual. (If the co-sponsors are married (if living together), the total allocation is two times the federal SSI rate.

\$ \_\_\_\_\_

Subtract sponsor(s)' allocation and enter result.

\$ \_\_\_\_\_

Allocation for dependent(s) of the sponsor, which is equal to one-half of the federal SSI rate for an individual for each dependent (a spouse who is not a co-sponsor receives the dependent allocation).

\$ \_\_\_\_\_

Subtract dependent(s)' allocation and enter result (zero if a negative number). This amount is deemed to the immigrant. (Enter on line A.1.c of CAPI Income Eligibility worksheet.)

\$ \_\_\_\_\_

\*As of January 1998, the federal SSI rate was \$494. SSI rates normally increase each January.

### RESOURCES

Total countable resources of the sponsor(s) and sponsor's spouse (if living together)

\$ \_\_\_\_\_

Allocation for sponsor(s). Each sponsor's allocation is equal to the SSI resource limit of \$2000 for an individual, or \$3,000 for a couple when both members of the couple are living together and one member is not a co-sponsor. If both members of the couple are co-sponsors, the allocation is twice the individual resource limit.

\$ \_\_\_\_\_

Subtract allocation and enter result (zero, if negative number). This amount is deemed to the immigrant and should be added to the recipient's own resources to determine eligibility.

\$ \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Worker: \_\_\_\_\_ Date \_\_\_\_\_

## **CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) RESOURCES GUIDE**

Resources are defined as cash or other liquid assets, or any real or personal property, that an individual (or spouse) owns which could be converted to cash for use in support and maintenance. If the individual has the right, authority or power to liquidate property or a share in property, the proceeds are considered a resource. If a property right cannot be liquidated, the property will not be considered a resource.

Liquid resources are cash or other property that can be converted to cash within 20 working days. Examples include stocks, bonds, mutual funds, promissory notes, mortgages, life insurance policies, and bank accounts including time deposits.

Non-liquid resources are property which cannot be converted to cash within 20 days. Examples include loan agreements, household goods, vehicles, boats, buildings, and land.

### **INCOME VS. RESOURCE**

When an individual first receives property, it is income and should be counted under the income rules. It becomes a resource the following month. Some income items, however, are excluded for one or more months before they become a countable resource.

### **COUNTABLE RESOURCE LIMITS**

Resources, unlike income, do not affect payment amounts; they only affect eligibility. If countable resources exceed the limit, the person is not eligible for any payment.

For CAPI eligibility countable resources cannot exceed \$2,000 for an individual, and \$3,000 for a couple.

The couple resource limit is the same regardless of whether one or both members of the couple are eligible for CAPI. A couple member's individually owned asset is counted toward the joint couple limit. Pension funds, however, owned by an ineligible spouse are excluded from countable resources. Pension funds are defined as funds held in an individual retirement account (IRA) or in a work-related pension plan, such as a Keogh plan.

**COUNTABLE RESOURCE LIMITS** (Continued)

Resources are also deemed to a minor child from the parent(s) living in the same household, and from a sponsor to an alien. In both of those situations, only the countable resources exceeding the applicable resource limit shown above are deemed to the child or alien.

The resource determination is based on the countable resources available as of the first moment of the month. Any increase or decrease in the value of a resource is not counted until the first of the following month. If an individual sells, exchanges, or replaces a resource, the receipts (or increased values) are not income, but considered a resource conversion.

**RESOURCE EXCLUSIONS**

In determining the resources of an individual (and spouse, if applicable), the following items are excluded;

1. The home, and any adjoining land\*
2. Household goods and personal effects if their total equity value is \$2,000 or less
3. One car if it is: necessary for employment, or necessary for medical treatment, or modified for use by a handicapped person, or it provides necessary transportation to perform essential daily activities, or has a current market value that does not exceed \$4,500
4. Property of a trade or business which is essential for self support\*
5. Non-business property which is essential to self-support
6. Resources of a blind or disabled individual necessary to fulfill an approved PASS
7. Certain stock held by Alaskan natives
8. Life insurance if the total face value of all policies on one person do not exceed \$1,500.  
Otherwise, the cash surrender values of life insurance policies will count as a resource
9. Restricted allotted Native American lands
10. Payments or benefits paid under other Federal statutes
11. Disaster relief assistance
12. Burial spaces of any value\*
13. Burial funds up to \$1,500\*
14. Title XVI or Title II retroactive payments for 6 months
15. Housing assistance
16. Earned Income Tax Credits

**RESOURCE EXCLUSIONS** (Continued)

17. Payments received as compensation for expenses or losses suffered as a result of a crime for 9 months
18. Relocation assistance for 9 months

*\*See detailed explanations below for starred items.*

**HOME EXCLUSION**

The home is any property in which the individual has ownership interest and serves as the individual's principal place of residence. The principal place of residence is the dwelling which the recipient considers to be his/her established or principal home and to which, whenever absent, he/she plans to return.

The property ceases to be the principal place of residence as of the date the individual leaves and does not intend to return. A statement of intent to return signed by the recipient is the governing factor in determining that the home exclusion as principal place of residence continues to apply during a temporary absence. There is no time limit on how long a "temporary" absence can be.

Proceeds from the sale of an excluded home are also excluded to the extent they are intended to be used and are, in fact, used to purchase a similarly excluded home within 3 months of the date the proceeds are received. Any remaining balance is a countable resource.

**PROPERTY (REAL OR PERSONAL) ESSENTIAL TO SELF SUPPORT**

Property used in a trade or business, and non-business property which produces income either in cash or in-kind is considered property essential to self-support. Property in current use or that will again be used within one year of its most recent use, for income producing purposes qualifies as property essential to self support. Business property includes the necessary capital and operating assets of a business (e.g., real property, buildings, inventory and equipment). Property meeting this definition falls into the following three categories for purposes of the resource exclusion:

- A. Property Excluded Regardless of Value or Rate of Return. This category includes, effective May 1,1990, property used in a trade or business, and property used by an individual as an employee for work.
- B. Property Excluded up to \$6,000 Equity Regardless of Rate of Return. This category includes non-business property used to produce goods or services essential to daily activities, i.e., land used to produce vegetables for consumption by the individual's household.
- C. Property Excluded up to \$6,000 Equity if it Produces a 6% Rate of Return. This category includes non-business income-producing property, i.e., rental property. There are some

exceptions to the 6% rate of return, but individuals will usually have higher than \$6,000 equity in rental property, which makes it a countable resource.

### **PROPERTY DISPOSITION AND CONDITIONAL PAYMENTS**

Individuals with excess resources may receive conditional CAPI benefits if:

- Total liquid resources do not exceed three times the CAPI Federal benefit rate (currently 3 X \$494 = \$1482); and
- The individual agrees in writing to sell the excess non-liquid resources at their current market value, and repay any overpaid conditional payments with the proceeds from such sale, and
- Within 30 days of signing the conditional agreement, the individual must make reasonable efforts to sell the property by listing the property with a real estate agent or other conventional advertisement. The individual must accept any reasonable offer--reasonable meaning at least two-thirds of the current market value.

Conditional payments do not apply to excess liquid resources. The basic conditional periods for disposal of non-liquid resources are nine months for real property, three months for personal property. The total overpayments to be recovered equal the lesser of the net proceeds received from the sale of the property, or the amount of CAPI benefits received during the conditional period.

If the conditional period expires with the property remaining unsold, the property will be excluded in determining regular CAPI benefits for as long as the person continues making reasonable efforts to sell. When the property is sold, the recipient is only responsible to repay the conditional payments made during the conditional period.

Excess real property that would otherwise be countable and subject to conditional payments is excluded if the property is jointly owned and sale of the property would cause undue hardship for the other joint owner(s). Undue hardship would result if another joint owner used the property as a principal place of residence and sale of the property would result in loss of that residence.

**BURIAL FUNDS**

Burial funds consist of any of the following: revocable burial contracts, burial trusts, other burial arrangements, cash, accounts, or other financial instruments with a definite cash value clearly designated for the individual's (or spouse's) burial expenses and kept separate from non-burial related assets. Property not listed in this definition are not considered burial funds.

Up to \$1500 of a revocable burial fund may be excluded. This amount is reduced, however, by the value of any irrevocable burial fund and by the face value of any excluded life insurance policy. Any increased value of the burial fund due to interest earned is also excluded as long as the interest remains in the fund.

If the recipient uses the burial funds for some other purpose, the individual's future CAPI benefits will be reduced by an amount equal to the amount used for another purpose.

Under State law, CAPI recipient/applicant can sign a contract with a funeral home placing up to \$1,800 in an irrevocable burial contract or a trust. Legitimate irrevocable burial trusts are not counted as a resource because the individual has no legal access to the money.

**BURIAL SPACES**

Burial spaces include plots, gravesites, crypts, mausoleums, urns, niches and other customary repositories of bodily remains. Additionally, the term burial spaces includes necessary and reasonable improvements, such as vaults, headstones, markers, plaques, or burial containers and arrangements for opening and closing the gravesite.

The value, with no limit, of burial spaces for the individual, and immediate family, is excluded from countable resources. The immediate family means the recipient's spouse, minor and adult children, siblings, parents, and the spouses of those individuals.

**TRANSFER OF RESOURCES**

An individual can transfer any amount or type of resource in order to become eligible for CAPI. The applicant or recipient only has to prove that the recipient/applicant no longer has access to, or control of, the asset, and it will no longer be counted as a resource effective the first of the month following the transfer. The uncompensated value of a transferred resource may be counted, however, in determining Medi-Cal eligibility.

**TRUSTS**

A trust is a legal arrangement regulated by State law in which one party holds property for the benefit of another. A trust may be revocable or irrevocable. A trust can be, and generally is, an excluded resource for CAPI recipient who is the beneficiary. Beneficiary is the person for whose benefit the trust exists. Generally, the beneficiary has no control of or access to the trust account.

Trustor is the person who creates the trust. Trustee is the person who holds legal title to the trust account or property. In most instances, the trustee has no legal right to revoke the trust or to use it for his/her own purpose. Trust principal is the amount placed in the trust by the trustor, plus any earnings left to accumulate. Trust earnings are amounts earned by the trust property in the form of dividends, interest, etc. Some trusts pay, or otherwise give access to, the trust earnings, which would then be counted as income to the recipient.

Trust expenditures made on behalf of the recipient could be counted as income. Expenditures made for food, clothing or shelter would be counted as in-kind support and maintenance, subject to PMV. Expenditures made for other items which can be converted to cash would be counted as in-kind income equal to the current market value of the item. Expenditures for services such as medical care or rehabilitation treatment would not be counted as income. Any direct payments to the beneficiary are counted as income.

Because of the legal variables involved with a trust, the County must examine each trust document, and possibly other records to verify the amount of trust principal, earnings, and expenditures, before deciding which portion of the trust, if any, is excluded. If the trust is unclear, the County office may have to consult with the State program staff.

# NOTICE OF DENIAL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your application for the Cash Assistance Program for Immigrants (CAPI) dated \_\_\_\_\_ has been denied  
(month/day/year)

**Comments:**

because:

- Your citizenship/immigration status does not meet CAPI requirements.
- Your income of \$ \_\_\_\_\_ is more than the allowable limit.
- Your resources exceed the allowable limit of \$2,000 for an individual or \$3,000 for a couple.
- Failure to provide proof that you applied for SSI benefits, or have taken all necessary steps to obtain SSI benefits.
- Your SSI benefits have been approved; you cannot receive both SSI benefits and payments under CAPI.
- Failure to cooperate with the county (see comments).
- You are a resident of a public institution.
- You are not a California resident.
- The county has information that the applicant is now deceased.
- You are not age 65 or older, blind, or disabled.
- You have voluntarily withdrawn your application.
- Your sponsor's status does not meet the qualifying conditions of CAPI (see comments).
- Other. \_\_\_\_\_.

**Rules:** These rules apply; you may review them at your welfare office: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

# YOUR HEARING RIGHTS

## To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

## To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **not** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

## To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid     Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

## Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

# HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

- Cash Aid     Food Stamps     Medi-Cal     Child Care  
 Other (list) \_\_\_\_\_

Here's why:

\_\_\_\_\_

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- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

- I need a free interpreter.  
 My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

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

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NOTICE OF CHANGE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

CHANGE IN BENEFITS:

Effective \_\_\_\_\_, your CAPI payments are changed  
(month/day/year)

from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ because:

- Your income, or the income of your spouse, parent or sponsor changed.
- Your marital status changed.
- Your living arrangements changed.
- You were overpaid (see comments).
- Other \_\_\_\_\_

DISCONTINUANCE:

Effective \_\_\_\_\_, your CAPI payments are discontinued  
(month/day/year)

because:

- Your citizenship/immigration status does not meet CAPI requirements.
- Your income of \$ \_\_\_\_\_ is more than the allowable limit.
- Your resources exceed the allowable limit of \$2,000 for an individual or \$3,000 for a couple.
- Failure to provide proof that you applied for SSI benefits, or have taken all necessary steps to obtain SSI benefits.
- Your SSI benefits have been approved; you cannot receive both SSI benefits and payments under CAPI.
- Failure to cooperate with the county (see comments).
- You are a resident of a public institution.
- You are not a California resident.
- The county has information that the recipient is now deceased.
- You are no longer blind or disabled.
- You asked us to stop your CAPI payments.
- Your sponsor's status does not meet the qualifying conditions of CAPI (see somments).
- Other \_\_\_\_\_

Comments:

## REPORTING RESPONSIBILITIES

The amount of your CAPI payment is based on all the information we received. You must tell the county every time there is any change, including changes in income, resources or living arrangements for yourself, or your spouse, parent or child who lives with you, or your sponsor and their spouse regardless of where they live.

You must tell us about any change within 10 days of the change. Remember, a change may make your CAPI monthly payment bigger or smaller. You may need to pay back any overpayments you receive.

**Rules:** These rules apply; you may review them at your welfare office: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

# YOUR HEARING RIGHTS

## To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

## To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **not** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

## To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid     Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

## Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

# HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

- Cash Aid     Food Stamps     Medi-Cal     Child Care  
 Other (list) \_\_\_\_\_

Here's why:

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- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

- I need a free interpreter.  
 My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

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

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NOTICE OF APPROVAL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

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

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your application for the Cash Assistance Program for Immigrants (CAPI) dated \_\_\_\_\_  
(month/day/year)  
has been approved.

The cash aid payment for your first month of aid is \$ \_\_\_\_\_.

Your first day of cash aid is \_\_\_\_\_  
(month/day/year)

**Comments:**

**SAMPLE**

## REPORTING RESPONSIBILITIES

The amount of your CAPI payment is based on all the information we received. You must tell the county every time there is any change, including changes in income, resources or living arrangements for yourself, or your spouse, parent or child who lives with you, or your sponsor and their spouse regardless of where they live.

You must tell us about any change within 10 days of the change. Remember, a change may make your CAPI monthly payment bigger or smaller. You may need to pay back any overpayments you receive.

**Rules:** These rules apply; you may review them at your welfare office: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

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- Your CalWORKs Child Care benefits will **not** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

## To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid     Food Stamps

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If you are deaf and use TDD, call: 1-800-952-8349

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## Other Information

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## HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

- Cash Aid     Food Stamps     Medi-Cal     Child Care  
 Other (list) \_\_\_\_\_

Here's why:

\_\_\_\_\_

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- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

- I need a free interpreter.  
 My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

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

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS SUPPLEMENTAL APPLICATION FORM

			COUNTY USE ONLY
1.	Are you a citizen or national of the United States? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Are you a lawful permanent resident? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	When did you lawfully enter into the U.S.? .....	_____/_____/_____ MONTH/DAY/YEAR	
5.	How old are you? _____	Date of Birth _____ MONTH/DAY/YEAR	
6.	Are you blind? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.	Are you disabled? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.	If you entered the United States on or after August 22, 1996 are you sponsored? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.	Is your sponsor Deceased .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Disabled .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.	Are you being abused by your sponsor or his/her spouse? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.	Are you a PRUCOL non-citizen? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Indicate your PRUCOL status:			
<input type="checkbox"/>	A conditional entrant admitted to the United States before April 1, 1980.		
<input type="checkbox"/>	A non-citizen paroled into the United States, including Cuban/Haitian entrants.		
<input type="checkbox"/>	A non-citizen subject to an Order of Supervision.		
<input type="checkbox"/>	A non-citizen granted an indefinite stay of deportation.		
<input type="checkbox"/>	A non-citizen granted an indefinite voluntary departure.		
<input type="checkbox"/>	A non-citizen on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure.		
<input type="checkbox"/>	A non-citizen who has properly filed an application for lawful permanent resident status.		
<input type="checkbox"/>	A non-citizen granted a stay of deportation for a specified period.		
<input type="checkbox"/>	A non-citizen granted asylum.		
<input type="checkbox"/>	A refugee admitted to the U.S. since April 1, 1980.		
<input type="checkbox"/>	A non-citizen granted voluntary departure who is awaiting issuance of visa.		
<input type="checkbox"/>	A non-citizen in deferred action status.		
<input type="checkbox"/>	A non-citizen who entered and has continuously resided in the United States since before January 1, 1972 who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry alien).		
<input type="checkbox"/>	A non-citizen granted a suspension of deportation whose departure INS does not contemplate enforcing.		
<input type="checkbox"/>	A non-citizen granted withholding of deportation pursuant to INA Section 243(h).		
<input type="checkbox"/>	A non-citizen (not in one of the above categories) who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances.		

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS INTERIM ASSISTANCE REIMBURSEMENT AUTHORIZATION

I understand that the state-funded, Cash Assistance for Immigrants (CAPI), assistance authorized or paid to me, or on my behalf, by \_\_\_\_\_ County (DPSS) is considered interim assistance if it is paid during the period of time that my Supplemental Security Income/State Supplementary payment (SSI/SSP) eligibility is being determined. (Assistance financed wholly or partly with Federal Funds shall not be considered interim assistance.)

In consideration of such interim assistance paid to me, or on my behalf, I authorize the Commissioner of the Social Security Administration (SSA) to send the first payment of any SSI/SSP benefits, for which I may be determined eligible to the above agency.

I authorize the above agency to retain from that payment an amount equal to the sum of CAPI assistance payments the above agency and other California Interim Agencies paid to me, or on my behalf, to meet my basic needs both before and after the date of this authorization, but limited to the period of my SSI/SSP eligibility.

- Initial Claim beginning with the month for which I am found eligible for an SSI/SSP payment and ending with the month my SSI/SSP payments begin;
- or
- Post Eligibility beginning with the month for which my SSI/SSP payments are reinstated after a period of suspension or termination and ending with the month my payments resume.

I understand that, after making the above deduction from my SSI/SSP payments, the above agency shall pay to me the balance, if any, no later than ten (10) working days from the day the above agency receives my payment from SSA.

I understand that, if I feel that the amount deducted from my SSI/SSP retroactive payments is more than the amount of CAPI | assistance paid to me, or on my behalf by the agency, or I feel the above agency failed to pay me the excess within the ten (10) day period, I have a right to request a fair hearing from the State Department of Social Services. This request must be filed within ninety (90) days of the date the above agency notifies me of the receipt and disbursement of the payment.

I understand that if I file an initial claim for SSI/SSP benefits at a Social Security office within 60 days of the date the above agency receives this signed form, my eligibility for SSI/SSP benefits may begin as early as the date the above agency receives this signed form.

I understand that this authorization is effective from the date the above agency receives this signed form and that it will cease to have effect:

- Initial Claim at the end of one(1) year from the date the above agency receives this signed form, unless I file for SSI/SSP within that time, or one of the events listed below occurs earlier, in which case the authorization will cease to have effect as of the date of such event:

- SSA makes an initial payment or reinstates payment on my claim;
- SSA denies my claim and I do not file a timely appeal of that determination;
- The above agency and I agree to terminate this agreement.

or

- Post Eligibility at the end of one (1) year from the date the above agency receives this signed form or at the end of the maximum period within which to request review of the determination to suspend or terminate my SSI/SSP payments, whichever period of time is longer, unless I file a timely request for review, or one of the events listed above occurs in which case the authorization will cease to have effect as of the date of such event.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE SIGNED

## CHANGES TO REPORT

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**WHERE YOU LIVE - You must report to the County Welfare Department if:**

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

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**HOW YOU LIVE - You must report to the County Welfare Department if:**

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- your marital status changes:
  - You get married, separated, divorced, or your marriage is annulled.
  - You separate from your spouse or start living together again after a separation.
  - You begin living with someone as husband and wife.

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**INCOME - You must report to the County Welfare Department if:**

- The amount of money (or checks or any other type of payments) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

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**HELP YOU GET FROM OTHERS - You must report to the County Welfare Department if:**

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

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**THINGS OF VALUE THAT YOU OWN - You must report to the County Welfare Department if:**

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

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**YOU ARE BLIND OR DISABLED - You must report to the County Welfare Department if:**

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.

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**UNMARRIED AND UNDER AGE 22 - A report to the County Welfare Department must be made if:**

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
- If the child starts or stops school.

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**YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES - You must report any change to the County Welfare Department.**

I have been informed of and agree to report any of the changes listed above within 10 days of the change.

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SIGNATURE OF APPLICANT/RECIPIENT

DATE

**LIVING ARRANGEMENT AND HOUSEHOLD EXPENSES**

Applicant/Recipient's Name		Social Security Number
Name of person making this statement if other than the Applicant/Recipient		
Relationship to above:		Date you moved there?
Check the blocks that best describe your living arrangements.		
I live (with):	<input type="checkbox"/> Alone <input type="checkbox"/> Children	<input type="checkbox"/> Eligible/Ineligible Spouse <input type="checkbox"/> Sponsor <input type="checkbox"/> Parent(s) <input type="checkbox"/> Other people
I live in a:	<input type="checkbox"/> House/Mobile Home <input type="checkbox"/> Apartment	<input type="checkbox"/> Room (private home) <input type="checkbox"/> Room (Commercial establishment) <input type="checkbox"/> Transient/Homeless <input type="checkbox"/> Other _____
How many people live in the household, including yourself?		
Check yes or no to the following questions.		
Do you (and/or your spouse) own or are you (and/or your spouse) buying the home you live in?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (and/or your spouse) rent the place where you live?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone who lives with you rent the place where you live?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone you live with related to the landlord or landlord's spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any agency, organization or anyone who does not live with you pay, or help you pay for any of the following items: food, rent, home mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water and/or sewer bills?		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____ Source: _____
Do you have access to a stove and refrigerator and/or are your meals provided for you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you live with others, do all the other household members receive some type of public payment based on need (e.g., AFDC, BIA, SSI, VA)? <b><i>If yes, skip rest of form except for signature, address and date.</i></b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you buy all of your own food with your own money?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How much is your <b>cash</b> contribution to the household expenses?		\$ _____
Household Expenses-Write "0" under amount if your household has not spent any money for one of the expenses.		
1. Food (Do not include food bought with food stamps)		\$ _____
2. Rent or Mortgage Payment		\$ _____
3. Property Insurance		\$ _____
4. Property taxes		\$ _____
5. Electricity		\$ _____
6. Gas		\$ _____
7. Heating fuel (wood, coal, oil, kerosene, propane, etc.)		\$ _____
8. Water		\$ _____
9. Sewer		\$ _____
10. Garbage Removal		\$ _____
TOTAL		\$ _____

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

Signature of Applicant or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Residence Address: \_\_\_\_\_

<b>Statement of Head of Household</b>	
Is all of the above information provided by _____ regarding household expenses and his/her/their cash contributions of \$ _____ correct? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.	
Signature of Head of Household _____	Date _____