

SAR 7 ELIGIBILITY STATUS REPORT

REPORT MONTH \_\_\_\_\_

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1st AND RETURN IT BY \_\_\_\_\_ 5th

SUBMIT MONTHSUBMIT MONTH

CASE NUMBER HERE \_\_\_\_\_

NEED HELP? (County Specific instructions w/county url)

Worker Name: \_\_\_\_\_

Worker Phone: \_\_\_\_\_ (DIST. ID HERE)

County: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

BAR CODE: \_\_\_\_\_

Check the box if you would like to STOP getting any of the following: ☐ STOP my CalWORKs ☐ STOP my CalFresh ☐ STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? ☐ Yes ☐ No (If yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported? ☐ Yes ☐ No (If yes, complete the section below)

New Address: \_\_\_\_\_ Date Moved: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ _____	If paid separately, your property taxes and home insurance per month now? \$ _____
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Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:

☐ Phone ☐ Trash ☐ Water ☐ Electric/Gas ☐ Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:

A. Running from an outstanding warrant?

B. Found by a court to be in violation of probation or parole?

☐ Yes ☐ No (If yes, complete the section below)

Name of person	A or B from above	In what state was the warrant issued, or did violation happen?	Date of warrant or violation

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below and attach proof:

Who had the change? _____	Amount of increase: \$ _____
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6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? ☐ Yes ☐ No If yes, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ \_\_\_\_\_.

Who paid support? \_\_\_\_\_

7. Dependent Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last reported, please complete the section below and attach proof:

What was the amount paid out-of-pocket in the Report Month? \$ \_\_\_\_\_

Who paid: \_\_\_\_\_ List dependent(s): \_\_\_\_\_

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported?

☐ Yes ☐ No (If yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount/Value?	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. **Did anyone get income from employment in the Report Month?** ☐ Yes ☐ No (If yes, complete the section below and **attach proof**). The **Report Month** is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc. **If you lost your job, attach proof.**

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income/Employer name:			
	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$	\$	\$
	DATE(S) RECEIVED:	DATE(S) RECEIVED:	DATE(S) RECEIVED:
Hours worked per month:			

10. **Will there be any changes to your income from employment in the next six months (including income listed in #9)?**

☐ Yes ☐ No (If yes, explain here and **attach proof**). Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.

11. **Did anyone get money from any other source in the Report Month:** ☐ Yes ☐ No (If yes, complete the section below and **attach proof**.) The **Report Month** is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc. If you no longer get money from a source you previously reported, **attach proof**.

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

12. **Will there be any changes to money received from any other source in the next six months (including money listed in #11)?**

☐ Yes ☐ No (If yes, explain here and **attach proof**). Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

13. **CalWORKs only: Have any of the following happened to anyone in your home since you last reported?** ☐ Yes ☐ No (If yes, check below and **attach proof**):

- ☐ Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- ☐ Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- ☐ Disability (Became disabled or recovered from a disability or major illness?)
- ☐ Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ Custody (Any change in the amount of time you care for/have custody of your children?)
- ☐ In-Home Support Services (Started or stopped getting services?)
- ☐ School Attendance  
For Age 18 or older student - started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- ☐ Someone paid for all of my housing, food, clothing or utility costs. (please explain) \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Please read carefully, sign, and date.**

**By signing this form:**

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

### CERTIFICATION - FRAUD WARNING

**I UNDERSTAND THAT:** If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

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

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

**WHO MUST SIGN BELOW:**

**For Cash Aid:** You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home.  
**For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

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