



## ELIGIBILITY/STATUS REPORT

PLEASE SIGN THE FORM AFTER THE 1ST OF 06/2013 AND RETURN IT BY THE 5TH OF THE MONTH.  
SUBMIT MONTH

1373241

NEED HELP? CALL YOUR WORKER.

Worker Name: Food Assistance  
Worker Phone: (415) 558-1001

VENG

SAN FRANCISCO  
1235 Mission ST  
San Francisco CA 94103-2705

Rebecca Ackerman

BAR CODE:  VENGPlease Stop My Benefits For:  Cash Aid  Food Stamps  Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.PART 1: Please tell us what happened in 05/2013

REPORT MONTH/YEAR

1. Did you or anyone get any income or money from any source this MONTH? If 'YES', list below and ATTACH PROOF.

 YES  NO

**Earnings:** Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. **Any Government Benefits:** State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment (UIB), veteran's retirement, Worker's Compensation, etc. **Other Benefits:** Child/spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. **Other:** Cash, gifts, loans, scholarships, etc. **Income In-Kind:** Such as earned housing, free housing/utilities/clothing/food, etc.

Who got the income? <i>Rebecca</i>	From? <i>Code for America</i>	Gross amount			\$	\$
		Date received				
Who got the income?	From?	Gross amount			\$	\$
		Date received				
Who got the income?	From?	Gross amount	\$	\$	\$	\$
		Date received				

## 1a. Number of hours worked or in training in this MONTH:

Who worked? <i>Rebecca</i>	Where? <i>Code for America</i>	Total Hours <i>60</i>	Who worked?	Where?	Total Hours
Who trained?	Where?	Total Hours	Who trained?	Where?	Total Hours

## 1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and ATTACH PROOF.

Name of Person	Source of income or money	Why will it change?	How much will you get?		
			First Month	Second Month	Third Month
			\$	\$	\$
			\$	\$	\$

**Questions 2, 3, 4, and 5 may help you get more Food Stamps**

- 2. Medical Costs:** Did anyone who gets Food Stamps and is disabled or 60 years or older pay medical costs? If 'YES', list the amount paid below and **ATTACH PROOF** of payment.  YES  NO

Who paid?	Who gets care?	Amount \$
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- 3. Dependent Care:** Did anyone who gets Food Stamps pay for the care of a child, disabled person or other dependent while working, seeking work, or attending school or training? If 'YES', list the amount paid below and **ATTACH PROOF** of payment.  YES  NO

Who paid?	Who gets care?	Amount \$
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- 4. Child Support:** Did anyone who gets Food Stamps pay court-ordered child support? If 'YES', list the amount paid below and **ATTACH PROOF** of payment.  YES  NO

Who paid?	Amount \$	Who paid?	Amount \$
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- 5. If the information in Question 2, 3, or 4 will change in the next three months after the SUBMIT MONTH, check the box(es) below, please explain and **ATTACH PROOF**.**

Medical Costs <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Dependent Care <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Court-Ordered Child Support <input type="checkbox"/>	Who pays?	Amount \$	For whom?	Attach new court order	When will it change?

**PART 2: What Has Happened SINCE Your Last Report?**

- 6. Did anyone get, buy, sell, trade, or give away any property [land, home, cars, bank accounts, money payments (such as: lottery or casino winnings, retroactive social security, tax refunds), other]? If 'YES', list all items below and **ATTACH PROOF**.  YES  NO**

Who owns, sold, traded, or gave away?	Type of Property	When?	Value \$	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Won
				<input type="checkbox"/> Gift Received	<input type="checkbox"/> Traded	<input type="checkbox"/> Gave Away

Checking Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$	Savings Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$
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- 7. Has anyone moved into or out of your home, or did you move in with someone else? If 'YES', complete below.**  YES  NO

Full name of person	Relationship to you	Moved in or out?	When?

- 8. Has anyone in your family been convicted of a drug related felony for possession, use, or distribution; avoiding or running from any felony prosecution, custody, or confinement; or in violation of probation or parole?  YES  NO**

If 'YES', name:	Where convicted?	Date of conviction:
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**COUNTY USE SECTION**

**9. Have any of the following or any other changes happened to anyone in your home?**  
 If 'YES', check the box(es) below and **ATTACH PROOF.**

YES  NO

- Family Change** (Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?)
- Disability** (Became disabled or recovered from a disability or major illness?)
- Work** (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- 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 Supportive Services** (Started or stopped getting services?)
- School Attendance**

- **For Cash Aid Only - Student age 6 - 18** stopped or started attending school regularly?
- **Age 16 or older student** started school/college? (You may be able to claim costs for books, school transportation, etc.)

**Other** \_\_\_\_\_

If you checked 'YES' for any of these, please fill out below. Attach on a separate sheet of paper if needed:

Name of person(s)	Relationship to you	What happened?	When

**ADDRESS CHANGE**

Fill in this section **ONLY** if you have moved or have a new mailing address. If you are getting Food Stamps, you may be asked to provide proof of your new shelter costs.

NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt No	City	State	Zip Code	New Phone (      )
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Date Moved	NEW Mailing Address (If different from Home Address)	City	State	Zip Code
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Do you have housing costs at this new address?  YES  NO If yes, how much? \$ \_\_\_\_\_ Do you have to pay heating/cooling costs separate from your housing cost?  YES  NO If yes, how much? \$ \_\_\_\_\_

**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 \$400 in Cash Aid, and/or Food Stamps is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and Food Stamps.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR 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.

<b>WHO MUST SIGN BELOW:</b>	<b>For Cash Aid:</b> you and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home. <b>For Food Stamps:</b> the head of household, a responsible household member, or the household's authorized representative.
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SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE (      )	CONTACT/CELL PHONE (      )
SIGNATURE OF SPOUSE, 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

## INSTRUCTIONS AND PENALTIES

### ELIGIBILITY/STATUS REPORT

#### For Cash Aid and Food Stamps

Need Help? Call your worker.

- If you do not send in a complete report, including, but not limited to, answering all questions on the QR 7/SAWS QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or be stopped.
- Send in your completed report by the 5th of the month after the report month.

#### Examples

<b>Income</b>	<ul style="list-style-type: none"> <li>• Wages</li> <li>• Vacation pay</li> <li>• Child/spousal support</li> <li>• Insurance or legal settlements</li> <li>• Rental income and rental assistance</li> <li>• Any government benefits</li> <li>• State Disability Indemnity</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Employment</li> <li>• Tips</li> <li>• Interest or dividends</li> <li>• Strike benefits</li> <li>• Tax refunds</li> <li>• Unemployment</li> <li>• Social Security</li> <li>• Supplemental Security Income/State Supplementary Payment (SSI/SSP)</li> </ul>	<ul style="list-style-type: none"> <li>• Salary</li> <li>• Income In-Kind, such as earned housing, free housing/utilities/clothing/food</li> <li>• Gambling/Lottery winnings</li> <li>• Cash, gifts, loans, scholarships</li> <li>• Other private or government disability or retirement</li> <li>• Workers Compensation</li> <li>• Veterans or Railroad retirement</li> </ul>
<b>Property</b>	<ul style="list-style-type: none"> <li>• Motor vehicles</li> <li>• EBT balance</li> <li>• Home</li> </ul>	<ul style="list-style-type: none"> <li>• Checking</li> <li>• Savings Bonds</li> <li>• Land</li> </ul>	<ul style="list-style-type: none"> <li>• Savings</li> <li>• Life insurance policies</li> <li>• Trusts</li> </ul>
<b>Housing Costs</b>	<ul style="list-style-type: none"> <li>• Rent</li> <li>• Utilities</li> </ul>	<ul style="list-style-type: none"> <li>• Mortgage</li> <li>• Homeowners insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Property taxes</li> <li>• Garbage/trash collection fees</li> </ul>
<b>Expenses</b>	<ul style="list-style-type: none"> <li>• Medical expenses</li> <li>• Health insurance premiums</li> <li>• Child/dependent Care</li> </ul>	<ul style="list-style-type: none"> <li>• College tuition &amp; supplies</li> <li>• Mandatory school fees</li> <li>• Child/spousal support</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Room &amp; Board</li> <li>• Housing costs</li> </ul>

#### Penalties

**PENALTIES FOR CASH AID FRAUD:** If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

#### Your Cash Aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

**PENALTIES FOR FOOD STAMP FRAUD:** If on purpose you do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- If you are found guilty in any court of law or administrative hearing because:
  - You traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
  - You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
  - You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
  - You gave the county false identity or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

### If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.** To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  Food Stamps  Child Care

### While You Wait for a Hearing Decision for:

#### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

#### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

### OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but 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 Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (**W&I Code Sections 10850 and 10950.**)

### TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records.
- If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

Appeals Unit, Department of Human Services  
P.O. Box 7988  
NA  
San Francisco, CA 94120-7988

OR

- Call toll free: 1-800-952-5253, or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above.** You may get free legal help at your local legal aid or welfare rights office.

BAY AREA LEGAL AID  
1035 Market Street  
6th Floor  
San Francisco, CA 94103  
(415) 982-1300

Coalition of CA Welfare Rights  
1901 Alhambra Blvd  
Sacramento, CA 95816  
(916) 736-0616

GAAP  
ENGLISH CALFRESH ONLY  
276 Golden Gate Avenue  
San Francisco, CA 94102-3706  
(415) 928-8191

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

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

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

#### Here's Why:

- 
- If you need more space, check here and add a page.  
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)  
My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED,  
CHANGED OR STOPPED

BIRTH DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_