

## **IMPORTANT INFORMATION**

### **New Reporting Requirements for Cash Aid and CalFresh**

If You Are Getting General Assistance or General Relief and these changes apply to you, the County will let you know

The county is changing from Quarterly Reporting to Semi-Annual Reporting. Below are the changes that will be coming soon. These new rules start August 2013.

#### **Reporting Form**

Before, you turned in a QR 7 every 3 months. **Soon you will only need to turn in a report once every 6 months.**

#### **The 6-month report form is called the SAR 7.**

The other report will be your annual redetermination/recertification (RD/RC) form.

The SAR 7 is due 6 months after your annual RD/RC. It is always due on the 5th day of the month. If you do not turn in your **complete** SAR 7 by the end of the first working day of the next (7th) month, **your aid will stop.**

**Example:** You completed your annual RD/RC in February 2014. Your SAR 7 will be due 6 months later, on August 5, 2014. You have to get your completed SAR 7 to your worker no later than the first working day in September or your benefits will stop. You will lose aid unless you had a good reason for being late.

Just like with your QR 7, you must answer all the questions on the SAR 7, attach proof, sign and date it, and return it by the date listed on the report.

#### **Changes to the Income Reporting Threshold (IRT) Rules**

The IRT is the amount of total monthly income that you have to report **within 10 days**. By ``total monthly income`` we mean **any money you get**. Any time your IRT changes, the county will let you know in writing.

**For Cash Aid:** The amount of income that you have to report within 10 days is changing. The IRT is based on your total income and the number of people in your household. Before, we would stop your benefits if your total income was over the IRT. Under the new rule, when you report income over your IRT, the county may lower or stop your benefits.

**Example:** If your IRT is \$900 and you get \$800 you do not have to report the change until your next report is due. If you get income of \$901 or more you must report it to your worker within 10 days. Your benefits will go down and your worker will give you a new IRT.

**For CalFresh:** Before, you did not have an IRT. Soon you will have an IRT based on your household size. When you report income over your IRT, the county may stop your benefits.

#### **Other Mandatory and Voluntary Reporting Rules are the same.**

Voluntary reports may increase your benefits.

**ELIGIBILITY STATUS REPORT**

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER 09/2013 1st AND RETURN  
IT BY 09/2013 5th

SUBMIT MONTH

SUBMIT MONTH

1373241

**NEED HELP? ( [www.benefitscalwin.org](http://www.benefitscalwin.org) )**

Rebecca Ackerman  
53 Potomac ST  
San Francisco CA 94117-3356

Worker Name : Food Assistance VENG  
Worker Phone : (415) 558-1001  
County : SAN FRANCISCO  
Street address : 1235 Mission ST  
City, State, Zip code : San Francisco CA 94103-2705



Barcode



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 any one moved in to 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 Pur- chase 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 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 or have new/changed housing costs 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? \$
--	---

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. Is anyone in your home:**

A. A felon whose conviction was drug-related?

B. Running from the law?

C. In violation of probation or parole?

Yes  No (If yes, complete the section below)

Name Of Person	A,B,C From Above	Where Did The Arrest Or Conviction Happen?	Date of Arrest/ And Or Conviction

**5. MediCal Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled have a change in medical costs?**

Yes  No (If yes complete the section below)

Who had the change?	Amount : \$
---------------------	-------------

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, what was the amount paid in the Report Month? \$ \_\_\_\_\_. Who paid support? \_\_\_\_\_  
If Yes, Attach proof.
7. **Dependent or child care:** Did anyone who gets CalFresh and either works, is looking for work, or is going to school have a change in dependent care or child care costs since they last reported?  
 Yes  No If yes, what was the amount paid in the Report Month? \$ \_\_\_\_\_. Who paid: \_\_\_\_\_ List child/children: \_\_\_\_\_
8. **Did any one:** Get, buy sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?  
 Yes  No (If yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	<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.

	Job #1	Job #2	Job #3
Name of person who got Income:			
Source of income:	<input type="checkbox"/> Self-employed, check here	<input type="checkbox"/> Self-employed, check here	<input type="checkbox"/> Self-employed, check here
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 they got, list here:	\$      \$      \$ \$      \$      \$	\$      \$      \$ \$      \$      \$	\$      \$      \$ \$      \$      \$
Hours worked per month:			
Will this income continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will there be any changes to your job or income in the next six months? Examples: Stopping, starting, increase or decrease of income, changes in hours, quitting a job or going on strike, change in how often you are paid.

Yes  No (If yes, explain): Use a separate piece of paper if needed:

10. **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.

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

Will there be any changes to this income in the next six months?  Yes  No  
Explain here:

**11. 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 Cash Aid Only-Student age 6-18 stopped or started attending school regularly?

\*For Age 16 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 action. I have received a copy of instructions and penalties for the 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.

<b>WHO MUST SIGN BELOW:</b>	<b>For Cash Aid:</b> You and your aided spouse, domestic partner, and other parent (of cash-aided children) if living in the home.  <b>For CalFresh:</b> 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

## HOW TO FILL OUT YOUR SAR 7 SEMI-ANNUAL ELIGIBILITY/STATUS REPORT

### For Cash Aid and CalFresh (Food Stamp) Benefits

Save this form to help you fill out your SAR 7 (Semi-Annual Eligibility/Status Report). If you need help filling out your report, **call the County**.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits to go up, down, or be stopped.**

#### INSTRUCTIONS

##### **How Often You Must Complete the SAR 7**

Once a year; (6 months after your application/annual renewal).

The County will tell you when your SAR 7 is due.

##### **Reporting For People Who Are Living In Your Home**

###### **If your family gets cash aid, report facts for:**

- All children-natural, adopted, and stepchildren.
- All parents-natural, adoptive, and stepparent.
- Other aided relatives in the child's case.
- **Yourself and your spouse or registered domestic partner.**
- Anyone who is temporarily absent from the home.

###### **If your family gets CalFresh (with or without cash aid) you must also report facts for:**

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

##### **Asking To Stop Benefits**

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. If you only want to stop some of your benefits and keep others, *you must fill out the rest of the SAR 7.*
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

#### **HOW TO FILL OUT EACH QUESTION**

##### **Household information (Question 1)**

List any changes in who lives with you, changes to your address (including changes in apartment numbers) and changes in housing costs since you last reported. This includes: newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including jail or prison), etc.

##### **Address Change/Housing Costs (Questions 2 and 3)**

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

##### **Convictions, Fleeing and Parole/Probation Violations (Question 4)**

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who may have a drug felony conviction, be running from the law or in violation of parole/probation. We need the person's name, the place, and date of the arrest/conviction.

If you reported the information to the County before, you do not need to report the same information.

##### **Expenses (CalFresh Information) (Questions 5, 6 and 7)**

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

##### **Property (Question 8)**

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds), etc. Include gifts and loans. List whose property, the type of property, when it changed and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report it again unless there has been a change.

**SEE OTHER SIDE FOR MORE INFORMATION**

### **Employment Income (Question 9)**

List all income from employment (work) – earnings, tips, training allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof if using actual expenses.

We need to know if you think the income will continue or if you know it will change. If your income will stay the same we will use the amount you report as your income for the next 6 months. If you know your income will change, tell us why, how much and when it will change. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of income includes but is not limited to: check stubs, copies of checks or statements from the employer, etc. or tax statements for self-employed.

### **Other Income (Question 10)**

List all other income from any other source. **Attach proof.**

- **Disability or Retirement income** includes SSI, Social Security, Veteran's disability benefits, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/utilities/ clothing/food (or if someone paid all of these cost for you); or anything else.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got. Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

Proof of other types of income include but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

### **Any other changes (Question 11)**

List other things that could change your eligibility or the amount of your benefits. Examples of changes you should report are listed on the SAR 7.

### **WHO MUST SIGN THE SAR 7**

- For **Cash Aid:** You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren), if they live in your home.
- For **CalFresh:** The head of household, authorized representative, or responsible household member.
- **And for Both:** Any other person who helps fill out the report, an interpreter or the witness to your mark.

### **WHAT WE MEAN WHEN WE SAY**

#### **ACTIVELY SEEKING TO ENFORCE A FELONY WARRANT:**

There is a felony warrant out for the person, and law enforcement is trying to carry out the arrest. For out of state/county, this means they are trying to return you to or bring you back to another state/county.

**CASH AID:** CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Victim Assistance Program (TCVAP), and Emergency Cash Assistance (ECA).

**CHILD SUPPORT PAYMENT:** The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

**COMPLETE SAR 7:** A SAR 7 is ``complete`` only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

**CONTROLLED SUBSTANCE:** Any drug restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

#### **DRUG RELATED FELONY:**

A drug-related felony means a conviction for possession, use, manufacturing, or distribution of a controlled substance(s).

#### **FLEEING:**

``Fleeing`` means law enforcement is actively seeking the person to enforce a felony warrant.

**GROSS AMOUNT:** The amount of your paycheck or other check (Unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

**IN VIOLATION OF PROBATION OR PAROLE:** A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

**REPORT MONTH:** The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

**SUBMIT MONTH:** The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the title ,``Eligibility Status Report.''

#### CERTIFICATION SECTION

- You must sign the SAR 7 ``under penalty of perjury''. This means that you swear (promise) that the facts you give us are true, correct and complete.
- Perjury is a crime – it means you swore (promised) to tell the truth and then you were dishonest.

#### **REMEMBER:**

- The report is due by the 5th of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11th of the submit month), not complete or not turned in, your benefits may be late, changed or stopped.
- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, **ask the county**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

#### **WELFARE FRAUD:**

- Welfare fraud is when you fail to report information, or report the wrong information, on purpose in order to try to get more benefits.
- Fraud is a crime.

**PENALTIES FOR CASH AID WELFARE FRAUD:** If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be 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 time, 12 months for the second time, or **forever** for the third.

- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and **forever** for the third.
- For conviction of felony welfare fraud: 2 years for extra benefits under \$2,000; 5 years for mounts of \$2,000 through \$4,999; 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; intentionally (on purpose) 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 or an administrative hearing.

#### **PENALTIES FOR CalFresh FRAUD:**

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh 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 or prison for 20 years.

#### **Your CalFresh can be stopped if you are found guilty in any court of law or administrative hearing because:**

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped **forever** for the first violation.
- You traded or sold CalFresh benefits for controlled substances, your CalFresh benefits can be stopped for 24 months for the first violation and **forever** for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped **forever**.
- You gave the county false identity or residence information, to try to get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.