

**GENERAL RELIEF QUARTERLY REPORT**

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1<sup>ST</sup> AND RETURN IT BY \_\_\_\_\_ 5<sup>TH</sup>. YOUR QR 7 IS CONSIDERED LATE IF NOT RECEIVED BY THE 11<sup>TH</sup> OF THE SUBMIT MONTH. SUBMIT MONTH SUBMIT MONTH

(Bar Code)

CASE NAME:  
CASE NUMBER:  
FILE/UNIT NUMBER:  
WORKER PHONE:

**NEED HELP? CALL YOUR WORKER**

MAIL BACK TO ADDRESS:

ADDRESSEE:

- ✓ **You must report all of the income received in the Report Month of \_\_\_\_\_.**
- ✓ If you do not send in a complete QR 7 report, including but not limited to, answering all questions and attaching proof when the question says to attach proof, 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 stopped.
- ✓ The following changes are considered **mandatory reporting responsibilities**; therefore **you must report these changes within 5 days of the occurrence** to your eligibility worker and on your quarterly report:
  - New earned income of \$203 or more.
  - New unearned income of \$25 or more.
  - Increased earned or unearned income of \$25 or more.
  - Someone moves in or out of your household.
  - Change of address.
  - United States Citizenship and Immigration Services (USCIS) make a determination on your application for a T or U Visa.
- ✓ All other changes are considered voluntary reporting responsibilities. Although voluntary they must be reported on your General Relief quarterly report (QR7-LA).

- Are you or has someone in your household:
- Been convicted of a drug-related felony after 12/31/97 and an unaided member of a family unit receiving CalWORKs; or
  - Fleeing to avoid prosecution or custody/conviction of a felony; or
  - In violation of parole/probation.

**Request to Stop Benefits** (if you fill in this part, sign and date the back of this form. You can reapply at any time.)  
I ask that my:  General Relief be stopped on the last day of: \_\_\_\_\_ (MONTH/YEAR)

**PART 1: Please tell us what happened in \_\_\_\_\_ REPORT MONTH \_\_\_\_\_ YEAR**

**1. Did you or anyone get any income or money from any source this MONTH?  YES  NO** If "Yes", list below and **ATTACH PROOF.**

**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, veteran's retirement, Worker's Compensation, etc.  
**Other Benefits:** 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?	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?	Where?	Total Hours	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

COUNTY USE ONLY EW Initials: CHANGE ( ) NO CHANGE ( ) Date:

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

**1. 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), or other property items since last report?**

YES  NO

If "YES", list all items below and **ATTACH PROOF.**

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 \$			

**2. Has anyone moved into or out of your home, or did you move in with someone else?**  YES  NO

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

**3. Are you or has someone in your household:**

- A. Been convicted of a drug-related felony after 12/31/97 and an unaided member of a family unit receiving CalWORKs; or**
- B. Fleeing to avoid prosecution or custody/conviction of a felony; or**
- C. In violation of parole/probation**

YES  NO If "YES", Name: \_\_\_\_\_ Where convicted? \_\_\_\_\_ Date of conviction: \_\_\_\_\_

**4. Have any of the following or any other changes happened to anyone in your home?**  YES  NO

If "YES", list below and **ATTACH PROOF.** Attach a separate sheet of paper if needed.

- Family Change** [Married, divorced, separated, registered as 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 Student - stopped or started attending school regularly?)**
- Other:**

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

**ADDRESS CHANGE** Fill in this section ONLY if you have moved or have a new mailing address.

NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt. No.			New Phone Number
City	State	Zip Code	( )

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 \$950 in General Relief, is wrongly paid out as a result of such action. I have received a copy of the Instructions and Penalties for the General Relief Eligibility Status Report.

**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.

**WHO MUST SIGN BELOW:** You and your aided spouse or aided domestic partner if living in the home.

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