

CALWORKS FORMS

MANDATORY

SUPPORT QUESTIONNAIRE**Instructions:****You must answer ALL questions.**COMPLETE ONE FORM FOR EACH NONCUSTODIAL PARENT
OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.

Use a separate piece of paper if you need more room.

FOR COUNTY USE ONLY

CWD CASE NAME

LCSA CASE NAME

CWD CASE NUMBER

LCSA CASE NUMBER

CWD WORKER NAME/NO.

LCSA WORKER NAME/NO.

TELEPHONE NUMBER

TELEPHONE NUMBER

()

()

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ()
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO NONCUSTODIAL PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER (SSN)	<input type="checkbox"/> MALE	BIRTHDATE	BIRTH PLACE		
<input type="checkbox"/> FEMALE						
LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE
CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.			
WHEN WAS THIS ADDRESS CURRENT?	TELEPHONE NUMBER ()	WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?			DOES THIS PARENT <input type="checkbox"/> YES LIVE WITH YOU? <input type="checkbox"/> NO	
B. WHAT KIND OF INCOME DOES NONCUSTODIAL PARENT HAVE?		<input type="checkbox"/> Earnings	<input type="checkbox"/> Unemployment or Disability Insurance Benefits	<input type="checkbox"/> Social Security	<input type="checkbox"/> None	<input type="checkbox"/> Other
LAST KNOWN EMPLOYER		TELEPHONE NUMBER ()				
STREET ADDRESS		TYPE OF WORK				
CITY	STATE	ZIP	UNION MEMBER? <input type="checkbox"/> YES, UNION NAME			<input type="checkbox"/> NO
WHEN DID THIS PARENT LAST WORK THERE?		UNION ADDRESS:				
C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN?		WHO IS COVERED?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
NAME OF INSURANCE		POLICY NUMBER			DATE OF COVERAGE	
D. PARENTS ARE OR HAVE BEEN		<input type="checkbox"/> MARRIED DATE _____ WHERE _____	<input type="checkbox"/> DIVORCED DATE _____ WHERE _____	<input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> LIVING TOGETHER		
E. IS THERE A COURT ORDER FOR SUPPORT?		AMOUNT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING \$	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER	LOCATION OF COURT (COUNTY & STATE)
HOW DOES THE PARENT PAY?		<input type="checkbox"/> PAYS HOUSEHOLD BILLS <input type="checkbox"/> TO YOU <input type="checkbox"/> TO COUNTY <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> OTHER			WHEN DID PARENT LAST PAY?	HOW MUCH? \$
F. NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT		RELATIONSHIP TO NONCUSTODIAL PARENT			TELEPHONE NUMBER ()	
ADDRESS (NUMBER AND STREET)		CITY			STATE	
G. DOES THIS PARENT OWN ANY MOTOR VEHICLES?		MAKE			MODEL	YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					LICENSE NO.	
H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS?		STATE				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE?		WHAT COUNTY OR STATE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON?		IF YES, WHEN/WHERE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
K. HAS THIS PARENT EVER BEEN IN THE MILITARY?		IF YES, WHEN/WHAT BRANCH?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
L. ARE YOU ABLE TO IDENTIFY OR HELP LOCATE THE NONCUSTODIAL PARENT?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS PARENT OR UNMARRIED FATHER

NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK DATE SIGNED COUNTY

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

I don't want other child support enforcement services.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

SIGNATURE



DATE

**NOTICE AND AGREEMENT FOR CHILD,
SPOUSAL AND MEDICAL SUPPORT**
Complete one form for each noncustodial parent or alleged father.
Assignment and Cooperation Rules

You must assign (give to) the county any rights you may have for:

- Any child or spousal support payments you get while receiving cash aid.
- Medical support you get while getting Medi-Cal.

The receipt of a cash aid payment and/or Medi-Cal Benefits Identification Card (BIC) will assign the past and present support rights of all persons for whom you are requesting cash aid and/or medical assistance. You will be sent facts on the amount of support the county gets from the noncustodial parent(s).

Cooperation

You must cooperate with the county and the Local Child Support Agency (LCSA) to:

- Identify and locate any noncustodial parent/alleged father in your case;
- Tell the county or LCSA any time you get facts about the noncustodial parent/alleged father, such as place of residence or work location;
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate by completing this Notice and Agreement;
- Complete the Child Support Questionnaire (CW 2.1Q) for each noncustodial parent or alleged father;
- Establish paternity and get child and/or spousal support;
- Submit to genetic testing if paternity is in question;
- Obtain any other payments or property due any member of your assistance unit;
- Obtain medical support money from any noncustodial parent and, if you get cash aid, obtain child support money;
- Tell the county about medical coverage or money for medical services paid by the noncustodial parent and complete the Health Insurance Questionnaire form (DHS 6155);
- Give the LCSA any medical support money from any noncustodial parent, and any child/spousal support money you get;
- Appear at the county or LCSA office to sign papers or give required facts;
- Appear at hearings or in court when necessary;
- Fill out and sign an Attestation Statement, if asked by the LCSA. On this form you declare under penalty of perjury that you have given all the facts you know about the noncustodial parent/alleged father. If you sign the form and you do not report all the facts or give wrong facts, you can be fined or sent to jail/prison.

Benefits of Cooperation

Your cooperation can help you and your child(ren). Finding the noncustodial parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The LCSA will continue enforcement after you go off cash aid or Medi-Cal unless you make a request in writing to the LCSA to stop.

Good Cause for Not Cooperating

- Good cause is the right to refuse to cooperate because it is not in the best interests of you or your child(ren).
- You have the right to claim good cause for not cooperating if you have an acceptable reason for refusing to cooperate with the county and the LCSA.
- The back of this form gives you facts about good cause. If you want more facts about good cause and/or refusal to cooperate, ask your worker to explain them to you.

Penalty for Refusal to Cooperate

If you do not have good cause, there are penalties if you refuse to assign support rights, refuse or fail to give the county any support given to you by the noncustodial parent(s), or refuse to cooperate with the LCSA, including in determining paternity.

For cash aid recipients

- If you refuse to assign support rights or refuse/fail to give the county any support given to you, you will not be eligible for cash aid or Medi-Cal. Your child(ren) may still be eligible for aid/benefits and your case will be referred to the LCSA.
- If you refuse or fail to cooperate in the paternity or support enforcement process, your family's grant will be lowered by 25 percent until you cooperate and you may not get Medi-Cal. This penalty ends effective the first day of the month in which you do cooperate.

For applicants/beneficiaries of Medi-Cal Only: You will not be eligible for Medi-Cal benefits, but your child(ren) may still be eligible.

Certification and Agreement:

- I understand my rights and responsibilities as written on this notice.
- I understand the rules for assigning support rights to the county.
- I also understand my right to claim good cause.

I agree to cooperate with the county and the LCSA as listed above.

I claim good cause and refuse to cooperate at this time.

NAME OF NONCUSTODIAL PARENT/ALLEGED FATHER

--

I refuse to assign child/spousal support rights (cash aid).

I refuse to assign medical support rights (cash aid and Medi-Cal).

Signature of Parent or Caretaker Relative, or Medi-Cal Applicant/
Beneficiary

Date

Case Name

Case Number

I certify that I have notified the applicant, cash aid recipient, or Medi-Cal beneficiary of his/her rights and responsibilities by means of this notice and orally as needed.

County Worker's Signature

Worker's Number

Date

YOUR RIGHT TO CLAIM GOOD CAUSE

Reasons for Claiming Good Cause:

- Cooperation would increase the risk of physical, sexual, or emotional harm to the child(ren).
- Cooperation would increase the risk of domestic abuse for the parent or caretaker relative.
- The child(ren) was conceived due to incest or rape.
- Court proceedings are going on for the adoption of the child(ren).
- You are working with an adoption agency to help you decide whether to keep or place the child(ren) for adoption.
- You are cooperating in good faith but are not able to identify or help locate the noncustodial parent.
- You have other credible reasons why cooperation would not be in the best interest of the child(ren).

How to Claim Good Cause:

- If you want to claim good cause, you must tell your worker. You can do this whenever you believe you have good cause not to cooperate.
- You must also complete and sign the Good Cause Claim form which your worker will give you.
- If you claim good cause, you must:
 - Give the county proof that you have good cause for refusing to cooperate.
 - Give the proof to the county within 20 days of claiming good cause. The county will give you more time if it determines that you need more than 20 days to get your proof.
- If you are claiming good cause and it is not possible for you to get proof, tell the worker.

The Role of the County:

- The county reviews your Good Cause Claim and the proof you provide and decides whether you have good cause.
- The county investigates your facts.
- The county will tell you when you need to provide:
 - more proof to support your good cause claim, and/or
 - additional facts so that it will not be necessary to contact the noncustodial parent or alleged father.

What Is Acceptable Evidence to Claim Good Cause for Not Cooperating?

- Birth certificates, medical/mental health, rape crisis, domestic violence program, or police/sheriff records that show that the child(ren) was conceived due to incest or rape.
- Records that show you have asked for help with abuse toward you and/or the child(ren); or records that show evidence of abuse. These records can be from police/sheriff, governmental agency, or court records; facts from a domestic violence program or a professional from whom you have asked for help in dealing with abuse; physical evidence of abuse, or any other evidence that supports an exemption from the cooperation rules.
- Court documents or other records that show that a legal adoption is pending in court.
- A written statement from an adoption agency confirming that you are being helped to decide whether to keep or place your child(ren) up for adoption.
- Credible sworn statements under penalty of perjury about the history of abuse or the increased risk of abuse, from either you or other people who know about the reasons for your good cause claim for not cooperating.

The Role of the Local Child Support Agency (LCSA):

- If you request a hearing on the issue of good cause, the LCSA may take part in that hearing.
- The LCSA may try to establish paternity or collect child support if:
 - Establishing paternity or collecting child support will not increase risk of harm to you or the child(ren).
 - You do not have good cause for refusing to cooperate.
- After the county tells the LCSA that an applicant/recipient has claimed to be exempt from the cooperation rules, the LCSA will not pursue child support enforcement activities unless the applicant/recipient asks for these actions to begin or to begin again.

INFORMATIONAL

NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.

(Spanish)

قد تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ربك مطلوباً بحلول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.

(Arabic)

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել այսպիս նպատակով ստանալ ու Ձեր իրավական վրա: Ձեր պատասխանը կարող է պահանջվել միևնույն օրոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություններ են հարկավոր, կարող եք դիմել Ձեր վարչականի աշխատավորություններին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ունենալու համար: Այդ ծառայությունները անվճար են:

(Armenian)

សិទ្ធិទូលាងនានាអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាជព្រៃន់ប៊ែនបាល់ដោយសារព័ត៌មានដែលមាននៅក្នុង សិទ្ធិទូលាងនេះ។ ការផ្តល់បំណើតបំបាត់ត្រូវបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម ទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូទាត់សព្វទៅការបុគ្គលិកដើម្បីការនៅក្នុងខោនជីរបស់អ្នក។ អ្នកមានសិទ្ធិស្ម័គ្រប់ ជំនួយជាកាសាក់កំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពីមានគិតត្រូវនៅ៖ទេ។

(Cambodian)

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要有关此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并无费获取该类帮助。

(Chinese)

صلاحیت شما برای برخورداری از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مدیرکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.

(Farsi)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।

(Hindi)

Koj txoj kev pab los ntawm pej xeem cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnub hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauj lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.

(Hmong)

あなたの公的給付金の受領資格は、本文書に含まれる情報によって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。

(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있으십니다. 도움 비용은 무료입니다.

(Korean)

ຜົນປະໂຫລດການຂ່າວໜ້າທີ່ອຸ້ນອົງທ່ານ ອາດໄດ້ກັບຜົນກະທົບຈາກຂໍ້ມູນໃນລົດໝາຍລະບຸບນີ້. ທ່ານອາດລຳຕົ້ອງ ລອບກັບຄືນພາລີໃນຫັນທີ່ທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕົ້ອງການຄວາມຂ່າວໜ້າທີ່ອຸ້ນກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໃຫ້ຕິດຕໍ່ ພະນັກງານປະຈຳຄາວຕົ້ອງທ່ານໄດ້. ທ່ານມີສິດທິລະຂໍຄວາມຂ່າວໜ້າທີ່ອຸ້ນເປັນພາສາອົງທ່ານ. ໂດຍບໍ່ແລຍຄ້າໃນ ການຂໍຄວາມຂ່າວໜ້າທີ່ອຸ້ນນີ້.

(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gorngv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.

(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਿਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖਾਸ ਤਾਰੀਖ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇੱਹ ਮਦਦ ਮੁਫ਼ਤ ਹੈ।

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем родном языке. Эта помощь оказывается бесплатно.

(Russian)

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทำจากข้อมูลในจดหมายฉบับนี้ ภาครัฐ) รับของคุณจะต้องทากฎหมายในสุลาทกานด หากคุณต้องการความช่วยเหลือโดยใช้ภาษาของคุณ เมมคาซีจายในกราขอความช่วยเหลือ) ฟังก์ชันในทางท คุณมีสิทธิจะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีการชาร์จในกราขอความช่วยเหลือ) คงน (Thai)

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.

(Tagalog)

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпечення. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача. (Ukrainian)

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị trả lời trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này. (Vietnamese)

LEGAL SERVICES AGENCIES:

ANTELOPE VALLEY AND PALMDALE

Neighborhood Legal Services.....(800) 433-6251
Antelope Valley DV Council.....(661) 945-6736

SANTA CLARITA VALLEY

Neighborhood Legal Services.....(800) 433-6251

SAN FERNANDO VALLEY

Institute for Multicultural &.....(213) 381-1250
Counseling Educational.....(818) 240-4311
Neighborhood Legal Services.....(800) 433-6251
YWCA Glendale.....(818) 242-4155

SAN GABRIEL VALLEY/EAST L A

Legal Aid Foundation of LA.....(800) 399-4529
Los Angeles Center Law/Justice.....(323) 980-3500
Neighborhood Legal Services.....(800) 433-6251

SOUTH EAST LOS ANGELES

Legal Aid Society Orange, DBA
Community Legal Services.....(800) 834-5001
Harriet Buhai Center.....(213) 388-7505
Jenesse Center.....(800) 479-7328
Legal Aid Foundation of LA.....(800) 399-4529
Los Angeles Center Law & Justice.....(323) 980-3500

CENTRAL AND WEST LOS ANGELES

1736 Family Crisis Center.....(323) 737-3900
Asian American Advancing Justice
Of Los Angeles.....(213) 977-7500
Harriet Buhai Center.....(213) 388-7505
Institute for Multicultural &.....(866) 604-6237
Counseling Educational
Legal Aid Foundation of LA.....(800) 399-4529
Prototypes Centers Innovation.....(323) 290-0466

SOUTH CENTRAL LOS ANGELES

1736 Family Crisis Center.....(323) 737-3900
Harriet Buhai Center.....(213) 388-7505
Legal Aid Society Orange, DBA
Community Legal Services.....(800) 834-5001

WHAT IF I NEED HELP RIGHT AWAY?

“Call 911”

If you are in immediate danger

OR

If you need an emergency shelter, call:

**Los Angeles County
Domestic Violence
24-Hour Hotline**

1 (800) 978-3600

OR

**Call DPSS Customer Service
Toll Free Number**

to be directed to your nearest office

1 (866) 613-3777

1 (877) 633-0294

1 (310) 258-7400

1 (626) 569-1399

1 (818) 701-8200

This brochure is available in Armenian, Cambodian,
Chinese, Korean, Russian, Spanish, Tagalog, and
Vietnamese.

PA 1914 (Rev. 09/01/16)



County of Los Angeles
Department of Public Social Services



DOMESTIC VIOLENCE

REFERRAL

INFORMATION

BREAK THE CYCLE OF ABUSE

THERE IS LOTS OF HELP AVAILABLE

TO HELP YOU END THE ABUSE

<http://www.dpss.lacounty.gov>

WHAT IS DOMESTIC ABUSE?

“Domestic abuse” is any action or threat against you by a spouse/ex-spouse, intimate partner.

- Physical Abuse
- Sexual Abuse
- Threats of Violence
- Emotional or Mental Abuse
- Economic Abuse
- Stalking
- Abuse due to Immigration Status

WHAT KIND OF HELP IS AVAILABLE?

- Emergency Housing
- Safety Planning
- Restraining Orders
- Emergency Transportation
- Case Management
- Individual/Group Counseling
- Independent Living Skills
- Parenting Classes
- Legal Assistance
- Immigration Assistance
- Advocacy
- Other Services As Needed

WHERE CAN I GET HELP?

If you want to talk to someone directly, call any of these domestic violence agencies:

ANTELOPE VALLEY AND PALMDALE

Antelope Valley DV Council(661) 945-6736
Tarzana Treatment Center(818) 654-3815

SANTA CLARITA VALLEY

Domestic Abuse Center of the Santa Clarita Valley.....(661) 259-8175
San Fernando Valley Community.....(818) 838-1352
Mental Health Center Inc.

SAN FERNANDO VALLEY

Haven Hills.....(818) 887-6589
Institute for Multicultural &(213) 381-1250
Counseling Educational Services(818) 240-4311
Jewish Family Service of LA(818) 505-0900
Neighborhood Legal Services of LA(800) 433-6251
San Fernando Valley Community.....(818) 838-1352
Mental Health Center Inc.

Tarzana Treatment Center(818) 654-3815
YWCA of Glendale.....(888) 999-7511

CENTRAL AND WEST LOS ANGELES

Amanecer Community Counseling....(213) 481-1792
Services
Institute for Multicultural(213) 381-1250
Counseling & Educational Services
Korean Family Services, Inc.....(213) 389-6755
Para Los Ninos.....(213) 250-4800
Prototypes.....(323) 464-6281

SAN GABRIEL VALLEY/EAST LA

California Hispanic Commission..(323) 722-4529
On Alcohol & Drug Abuse
East L. A. Women’s Center.....(800) 585-6231
Foothill Family Services(866) 304-4337
House of Ruth(909) 988-5559
Para Los Ninos(213) 250-4800
Peace Over Violence.....(626) 793-3385
YWCA of San Gabriel Valley..... (626) 967-0658

SOUTH EAST LOS ANGELES

Cambodian Association.....(562) 988-1863
Helpline Youth Counseling.....(562) 273-0722
Human Services Association.....(562) 806-5400
Interval House.....(562) 594-4555
Legal Aid Foundation of LA..... (800) 399-4529
Rainbow Services.....(310) 547-9343
South Asian Helpline & Referral..(888) 724-2722
Su Casa Ending DV.....(562) 402-4888
Women’s Shelter of Long Beach..(562) 437-4663

SOUTH CENTRAL LOS ANGELES

1736 Family Crisis Center.....(323) 737-3900
Center for Pacific Asian Family....(800) 339-3940
Jenesse Center.....(800) 479-7328
Legal Aid Foundation of LA.....(800) 399-4529
Project Peacemakers, Inc.(323) 291-2525
Prototypes.....(323) 290-0466

SOUTH BAY

1736 Family Crisis Center.....(323) 737-3900
Interval House..... (562) 594-4555
Niswa Association, Inc.....(310) 748-9086
Office of Samoan Affairs.....(310) 538-0555



CIVIL RIGHTS INFORMATION NOTICE

YOUR CIVIL RIGHTS

WHAT ARE CIVIL RIGHTS?

Civil Rights are laws that protect individuals from being discriminated against. The Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other federal and State regulations say that discrimination is against the law in programs receiving federal and state financial aid.

WHO DO THEY PROTECT?

If you are applying for or receiving cash assistance, Medi-Cal, Food Stamps, or Social Services in Los Angeles County, you are protected under the law against discrimination regarding these benefits and you have specific rights:

You have the right to receive the same services, consideration, and equal treatment given to all other applicants or participants regardless of race, color, religion, sex, national origin (this covers speaking a different language other than English), political affiliation, disability, marital status, ethnic group identification, sexual orientation or any other factor. You have the right:

- to receive free interpreter services if you need help to apply for or to keep receiving benefits from us; and
- to be given a bilingual worker for your case who speaks your language if you speak one of the following languages: Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog and Vietnamese; and
- to receive free interpreter services for your case even if you speak a language other than those listed above; and
- to call the office and have an English Notice that you received, translated and explained to you.

HOW TO FILE A CIVIL RIGHTS COMPLAINT

If you believe you have been discriminated against because of race, color, religion, sex, national origin, political affiliation, disability, age, marital status, ethnic group identification, sexual orientation or any other factor, you may take one or all of the following actions:

You may ask to speak with the local office Civil Rights Liaison. He or she can help you resolve your complaint and/or explain your rights. This includes assisting you with obtaining a PA 607, "Complaint of Discriminatory Treatment," and helping you complete the form. You may also contact the Los Angeles County Department of Public Social Services (DPSS) Civil Rights Section or the State directly at the addresses and telephone numbers listed in the next column.

You may request an investigation from the DPSS Civil Rights Section either verbally or in writing by contacting the Civil Rights Unit. You may use the PA 607 to document your complaint. The PA 607 is available to any person or organizational representative in the community requesting it. You may complete the form or ask the Civil Rights Liaison to complete it for you. The Civil Rights Unit will contact you within 20 days of receipt of your complaint for more information. The Civil Rights Unit will investigate the complaint and inform you of their findings in writing. If you disagree with the County's findings, you may appeal to the California Department of Social Services, or if it involves the Food Stamp Program, to the U.S. Department of Agriculture.

Your complaint must be filed within 180 days from the date that you believe you were discriminated against.

You may file your complaint with one or all of the following applicable County, State and federal agencies: the California Department of Social Services, the U.S. Department of Agriculture or the U.S. Department of Health and Human Services.

County Office

Department of Public Social Services
Civil Rights Section
12860 Crossroads Parkway South
City of Industry, California 91746
Telephone No. : (562) 908-8501

State Office

California Department of Social Services
Civil Rights Bureau
744 "P" Street, M-S. 8-16-70
Sacramento, California 95814
Telephone No. : (866) 741-6241

Federal Office

U.S. Department of Health and Human Services
Office for Civil Rights
907th Street, Suite 4-100
San Francisco, California 94102
Telephone No. : (800) 368-1019

Food Stamp Program

U. S. Department of Agriculture
Food and Nutrition Services
Office of Civil Rights - Western Region
907th Street, Suite 10-100
San Francisco, California 94108
Telephone No. : (888) 271-5983

INSTRUCTIONS FOR STATE HEARING ON REVERSE

STATE HEARING

If you need to seek further help regarding the County's action on your application for assistance or your public assistance benefits, you may take the following action:

File a State Hearing within 90 days of the County's action. The 90-day period applies even though you have filed a Civil Rights complaint. Aid Paid Pending may be received if you file your request for a hearing before the effective date of the action.

To ask for a hearing:

By telephone, please call (800) 952-5253. This number is often busy.

By mail, fill out the back of any Notice of Action (letter) from the welfare office or write a letter (keep a copy), and send your request to Appeals and State Hearings, P.O. Box 18890, Los Angeles, CA 90018

Additional Civil Rights and State Hearing information is available in the reception areas of District/Regional offices. You may ask for the State pamphlet, Your Rights Under California Welfare Programs (PUB 13), which is available in all reception areas.

Instructions

- To be given and explained to applicants/participants at time of application and recertification/redetermination or mailed to applicants/participants if a face-to-face contact is not required.
- Filing/Retention – Not Applicable

DISCRIMINATION COMPLAINT

If you think you have been discriminated against you may file a complaint. Where you file your complaint depends on what type of complaint you have.

For all programs your county agency

administers: Ask your county office for the name, address and phone number of their Civil Rights Coordinator. The county agency, not the state agency, will independently investigate your complaint.

For Covered California:

Civil Rights Coordinator Covered California
PO Box 989725
West Sacramento, CA 95789
(916) 228-8764
CivilRights@covered.ca.gov

For Medi-Cal & Medi-Cal Dental Program:

You may contact the county's Civil Rights Coordinator, the state Department of Health Care Services or the federal Health and Human Services.

Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370 or 711 (Calif. Relay Service)
CivilRights@dhcs.ca.gov

For all other state programs covered by this pamphlet:

Civil Rights Unit
California Department of Social Services
PO Box 944243, MS 9-7-41
Sacramento, CA 94244-2430
(866) 741-6241 (toll free)
(916) 651-0602 (fax)
crb@dss.ca.gov

To file a CalFresh complaint with the federal agency:

United States Department of Agriculture
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9410
(866) 632-9992 (toll free) or (202) 260-1026
(800) 877-8339 (hearing impaired)
program.intake@usda.gov

To file a complaint with a federal agency:

Only for discrimination based on Race, Color, National Origin, Disability, Age, or Sex:

Centralized Case Management Operations
United States Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

File a complaint online at:

US Health & Human Services Civil Rights Complaint Portal

(800) 368-1019 (toll-free)
(800) 537-7697 (hearing/speech impaired)

Time Limits for A Discrimination Complaint

You must file a discrimination complaint within 180 days of the date you were discriminated against.

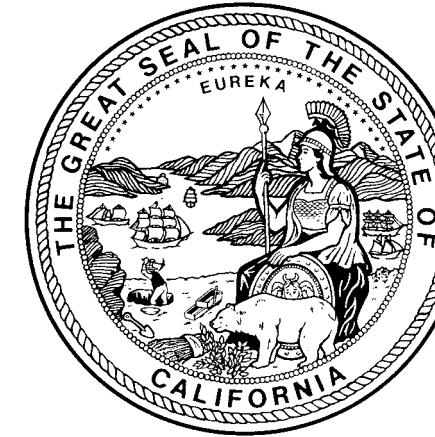
If the discrimination also affected the level of your benefits and services, ask for a hearing.

Judges cannot make decisions about discrimination complaints at a hearing.

A discrimination investigation cannot change your benefit or service levels. Only a state hearing can do that. Agencies are not allowed to retaliate against you if you request a hearing or file a discrimination complaint.

PROGRAMS COVERED BY THIS PAMPHLET

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- CA Food Assistance Program (CFAP)
- CalWORKS
- Cash Assistance Program for Immigrants (CAPI)
- CalFresh (Food Stamps)
- Children's Health Insurance Program (CHIP)
- Covered California Eligibility
- Foster Care/Child Welfare Services
- Housing Programs through County Social Service Departments
- In-Home Supportive Services
- Kinship Guardianship Assistance (KinGAP)
- Medi-Cal – Medi-Cal Dental Program
- Refugee Cash Assistance
- Resource Family Approvals (RFA)
- Approved Relative Caregiver Funding Option Program (ARC)
- Service Animal Allowance



State of California
Health & Human Services Agency
Department of Social Services

This pamphlet is available from your local County Welfare office and on the CDSS website in the following languages:

- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hmong
- Japanese
- Korean
- Lao
- Mien
- Portuguese
- Punjabi
- Russian
- Spanish
- Tagalog
- Ukrainian
- Vietnamese

Also available for free in large print, Braille, and audio formats.

This publication explains your rights to equal benefits and services, how to ask for language assistance or a reasonable accommodation for a disability, and how to file a discrimination complaint.

YOUR RIGHTS

UNDER CALIFORNIA PUBLIC BENEFITS PROGRAMS



..... for people applying for or receiving public aid in California

 Tell us if you need help because of a disability.

 Ask for a free interpreter

Public benefit agencies comply with federal and state law, and may not discriminate, exclude, or provide you aid, benefits or other services that is different from what is provided to others

YOUR RIGHTS

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

You have the right to an interpreter free of charge.

- حق لك الحصول على مترجم فوري مجاناً
- Դուք անվճար թարգմանչի իրավունքուն ունեք:
- អ្នកមានសិទ្ធិទូលាសម្រាប់ការពេជ្រសាខាច័យតែតែ
- 您有權免費獲得口譯員
- شما حق دسترسی به یک مترجم (ترجمان) را دارید.
- Koj muaj txoj cai kom tus neeg txhais lus tsis raug them nqi
- あなたには無料の通訳をもらう権利があります
- 귀하는 통역사를 무료로 이용할 권리가 있습니다
- ທ່ານມີສິດໄດ້ກົບນາລັກທາງໄດ້ລັບສະຫຼຸບ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ଡୁହାଡେ କେଲ ଦୁଇମୀଏ ଦା ଅଧିକାର ହେ, ମୁଢ଼ତ
- Вы имеете право на бесплатные услуги переводчика
- Tiene derecho a servicios gratuitos de un intérprete
- May karapatan ka sa isang tagasalin, nang walang bayad
- Вы маєте право на перекладача безкоштовно
- Quý vị có quyền có được một thông dịch viên miễn phí.

Ask the agency responsible for your benefits or services for language assistance.

YOU HAVE THE RIGHT TO:

- Understand what is happening with your application or benefits.
- Get written and oral explanations about your application or benefits. You have a right to a free interpreter for this information. Ask the agency responsible for your benefits/services for language assistance.
- If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

- Get a receipt for hand-delivered documents.
- See your case record
- See laws and regulations about your program.
- Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
- Not face discrimination in applying for or receiving program benefits or services.
- File a complaint about discrimination.
- Get a “reasonable accommodation” if you have a disability. This is specific help for you to access or participate in the program.
- Have your information kept confidential.
- Be treated with courtesy and respect.

IF YOU ARE HAVING PROBLEMS WITH YOUR BENEFITS OR SERVICES:

Keep records of all your information, documents, and contacts with the agency.

Get a receipt when you turn anything in.

Bring someone with you to meetings.

Complain. There are 4 ways to do this:

- Informal:** Ask to speak to a supervisor to talk about problems with a worker or to review the rules and the proposed action on your benefits or services.
- State Hearing:** Ask for a state hearing if you disagree with an agency's action or inaction on your benefits or services. You must ask for a hearing within 90 days of the date of agency's notice about your benefits or services. If you ask for a hearing after 90 days, a judge will decide if you have a good reason for asking late, like illness or a disability.
- Discrimination complaint:** See the Discrimination Complaint section. You may have different rights to file a complaint with state or federal agencies.
- Grievance:** You can file a complaint with the agency if it has a grievance procedure. **This does not protect your benefits in the way that asking for a state hearing does.**

STATE HEARINGS

You can also ask for a state hearing if the agency is not giving you benefits or services you think you should get. See [PUB 412](#) for State Hearing information.

Note: If your problem is with General Assistance or General Relief, you must ask the county for a county hearing.

If your problem is with Social Security benefits, you must contact the Social Security Administration for a hearing.

ASKING FOR A STATE HEARING

You can ask for a state hearing online, by phone, by fax, by email, or by mail.

Online: ACMS.dss.ca.gov - you can create an account to get all your appeal information online, or submit an online request without an account

Phone: 1-800-743-8525
Email: SHDCSU@dss.ca.gov
Fax number: 833-281-0905
Mail: State Hearings Division
PO Box 944243, MS 21-37
Sacramento, CA 94244-2430

EXPEDITED HEARINGS

If you have an urgent problem, you can ask for an “expedited” hearing to have the hearing held sooner. For Medi-Cal, this is when regular hearing scheduling could seriously jeopardize the enrollee's life or physical or mental health. State Hearings will decide and let you know if your case can be expedited.

PROHIBITED DISCRIMINATION

State law prohibits agencies from denying benefits or services or providing you aid that is different from aid provided to others based on:

Race, Color, Ancestry, National Origin (including language), Ethnic Group Identification, Age, Physical or Mental Disability, Medical Condition, Religion, Sex, Gender, Gender Identity or Expression, Sexual Orientation, Marital Status, Domestic Partnership, Political Affiliation, Citizenship, Immigration Status, and Genetic Information.

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits:

Delaying or denying the placement of a child for adoption or into foster care based on the race, color, or national origin of the adoptive or foster parents, or the child;

Denying any individual the opportunity to become a foster or adoptive parent based on the race, color, or national origin of the individual or child involved.

EXAMPLES OF DISCRIMINATION

The agency does not give you a free interpreter. A worker tells a certain ethnic group about more programs and services than people of other ethnicities.

The agency will not provide you large print or Braille versions of written information that you need because of a disability.

A worker treats you differently after learning of your religion or sexual orientation.

You cannot get to appointments because the building does not have an elevator and you have a disability limiting your use of stairs.

You cannot get your wheelchair into examination and interview rooms or restrooms.

A worker refuses to use your correct name and pronouns.

REASONABLE ACCOMMODATIONS: SPECIAL HELP FOR PEOPLE WITH DISABILITIES

Persons with physical or mental disabilities have the right to request reasonable accommodations from government agencies to help them access and participate in programs and services. If you have a disability and need extra help, you should inform the agency responsible for your application or benefits/services. The agency must work with you to determine what help you need. If the agency is denying your request, it must give you written notice stating the reason for the denial. The notice must list your appeal rights.

WELFARE TO WORK PROGRAM NOTICE

Tell the county if you need help reading or understanding this notice.

WHAT WELFARE TO WORK MEANS TO YOU

- The Welfare-to-Work program can teach, train and counsel you to help you find a job.
- Some of the things Welfare-to-Work can do for you are:
 - Help you look for a job.
 - Help you with educational or vocational/on-the-job training and teach you basic reading, math and English.
 - Help you get work experience.
 - Counseling for you or your family if needed.
- There is a Welfare-to-Work 24-Month Time Clock (within the 48-month time limit.)
- You have many choices of activities you can participate in during the Welfare-to-Work 24-Month Time Clock period.
- At the end of the Welfare-to-Work 24-Month Time Clock period, you will have fewer choices of activities to participate in to keep getting the same amount of cash aid.
- Welfare-to-Work will help you arrange and pay for necessary supportive services you need to participate in your activities. This includes child care, transportation, and other costs such as special tools or clothing you need to get a job. You can get advance payments if you ask for them, so you won't have to use your cash aid to pay for necessary supportive services.
- Welfare-to-Work will tell you about the available kinds of child care and where to find child care.

WHEN YOU MUST BE IN WELFARE TO WORK

- You must be in Welfare-to-Work if you get cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) program and you are not excused (exempt) from participating.
- You don't have to be in Welfare-to-Work if you are exempt. You are exempt if you are:
 - Under 16 years old or 60 years or older.
 - 16, 17 or 18 years old and in high school or adult school full time unless you go to school as part of your Welfare-to-Work plan.
 - The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
 - Physically or mentally unable to work or participate in a Welfare-to-Work activity on a regular basis for at least 30 calendar days.
 - A parent or caretaker of one child from birth to 23 months, inclusive. **This exemption is available only once.**
 - A parent or caretaker relative of a child 6 months old or under (depending on the county this may go up to 12 months). **This exemption is available only once.**

When you get a job and go off aid, the county may be able to continue to pay for necessary supportive services for up to the first 12 months after you have started a job if you need the services to keep your job and you cannot get the necessary supportive services costs from somewhere else. You may also be able to get up to two years of child care services after leaving aid. You may also be able to get transitional Medi-Cal for 12 months.

You have the right to ask at any time for services like child care, transportation, or other services provided by Welfare-to-Work. You may ask your worker by phone or in person, or you may ask in writing.

You have the right to ask for a state hearing if you disagree with any of the decisions made by the county about participating in Welfare-to-Work.

WHEN YOU MUST BE IN WELFARE TO WORK (CONTINUED)

- A parent or caretaker relative of a child 12 weeks old or under (depending on the county this may go up to 6 months). Ask your worker how young your child has to be for you to be exempt.
- Pregnant and a doctor states that you cannot work or participate in Welfare-to-Work activities or the county determines that participation will not readily lead to employment or that a training activity is not appropriate.
- Staying home to take care of someone in the household who can't take care of him/herself. (The person is ill, disabled, etc.) and this keeps you from working or participating in Welfare-to-Work.
- If you are a pregnant or parenting teen in the Cal-Learn program, or if you got a high school diploma or its equivalent while in the Cal-Learn program, some exemptions above may not apply to you. Contact your eligibility worker or Cal-Learn case manager.
- If two parents are aided, and one parent does all required hours, the second parent is excused from participating.
- If you believe that you should be exempt from participating, you should ask your worker to give you a form (CW 2186A) to use to make your request to be exempt from Welfare-to-Work. You will be told by the county whether you can be exempt from Welfare-to-Work or are required to participate. Even if you don't have to be in Welfare-to-Work, you can ask to participate and you will be told if you can.
- If you are not exempt from Welfare-to-Work, you may be required to go to Welfare-to-Work. If you are required to go, you will get a notice that tells you when your first appointment will be.

IF YOU DO NOT DO WHAT WELFARE-TO-WORK REQUIRES

- If you are required to be in Welfare-to-Work:
 - You will have a chance to say why you did not do what you were required to do.
 - If you do not have a good reason, and you will not do what Welfare-to-Work requires to fix the problem, your cash aid will be lowered.
- If you are not required to be in Welfare-to-Work, but you volunteer to do Welfare-to-Work activities:
 - You will have a chance to say why you did not do what was asked.
 - If you do not have a good reason and you are not willing to do what Welfare-to-Work requires to fix the problem, your cash aid will not be lowered, but you may not be allowed back as a volunteer in Welfare-to-Work right away.

CALIFORNIA ELECTRONIC BENEFIT TRANSFER (EBT) CARD



EBT is the easy, safe and convenient way to use your food and cash benefits.

Keep this pamphlet in a safe place.

**Questions? Call Customer Service
FREE 24 hours a day, 7 days a week**

**1-877-328-9677 or
www.ebt.ca.gov**

TTY:1-800-735-2929

(Telecommunications Relay Service
for Hearing/Speech Impaired)

Where to Use Your EBT Card

Anyplace where you see the  mark throughout California and across the country.

The Quest® mark is the sign you will see on store doors, check-out lanes, and ATM machines that tells you that your EBT Card can be used at that store or machine. There are special pictures on the Quest® mark that tell you what benefits you can use. Look for the Quest® mark at the store before you shop.

You can use your EBT Card wherever you see the Quest mark throughout California and across the country.



You Can Use Your EBT Card at:

POS devices to:

- Use your EBT food benefits to buy food
- Use your cash benefits to buy food or non-food items like diapers and clothing
- Get cash from your cash account after you buy something (depending on store rules)
- Get cash from your cash account without buying anything (depending on store rules)



You will find Point-of-Sale (POS) devices and/or ATMs at:

- Grocery stores
- Department stores
- Convenience stores
- Banks
- Gas stations

ATMs to get your cash benefits

An ATM is a cash machine found at banks, stores and many other places that allows you to get your cash benefits.



About Your PIN

- Your four secret numbers are called a Personal Identification Number or PIN for short.
- Every time you use your card, you will need to use your PIN or your card will NOT work and you will NOT be able to use your benefits
- Keep your PIN to yourself. Avoid telling other people your PIN.

- NEVER use your PIN if you think someone is watching you.
- When you use your EBT Card, you have up to four tries to enter your PIN. If your fourth try is incorrect, you will not be able to use your card again until after midnight. If you cannot remember your PIN, call Customer Service (the phone number is listed on the back of your card). Customer Service does NOT know your PIN, but will help you change your PIN.
- If someone learns your PIN without your OK, call the Customer Service number right away or visit your public welfare office to change your PIN.
- If someone takes your card and knows your PIN, they can use your benefits! Call Customer Service immediately to cancel your card. If benefits are taken by someone else before you call Customer Service, **YOUR BENEFITS WILL NOT BE REPLACED.**

How to Keep Your PIN Safe

- NEVER write your PIN on your card, the card sleeve or on anything you keep with your card.
- Keep your PIN secret. NEVER give your PIN to your caseworker, family members, store cashiers or anyone else unless you want them to be able to get ALL your benefits.

STORE NAME	100 ANY STREET ADDRESS	
CITY, STATE ZIP		
TERM ID	123456	
MECH TERM ID	987654321	
SEQ#	280	
CLERK	107	
06/02/17 10:23		
CASE#	C1234567890	
TRAN AMT	END BAL	
CASH	\$0.00	\$125.00
FS	\$45.20	\$229.80
FS PURCH \$45.20 APPROVED		
DO NOT DISPENSE CASH		

Know Your Balance

The best way to keep track of how much you have left to spend in your EBT food benefit and/or cash benefit accounts is to know your balance. The best way to know your balance is to **KEEP YOUR LAST RECEIPT**.

If you lose your last receipt, and need to know your balance:

- Call the Customer Service number on the back of your card, or
- Check your EBT food benefit account balance at a POS device, or
- Check your EBT food benefit and cash benefit account balances at EBT Client Website www.ebt.ca.gov.
- Check your cash account balance at an ATM or a POS device.

You Should Always Know Your Balance Before Using Your Card!

How to Use Your EBT Card to Purchase Food

The steps you follow may be different for each type of POS device you use. Don't be afraid to ask the clerk for help.

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

Step 1 Swipe your EBT card at POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 Approve the purchase amount.

Step 4 You will receive a copy of the printed receipt with your new EBT food and cash balance.

You cannot be charged a fee to use your EBT food benefits and you cannot get cash or change back from your EBT food benefit account.

How to Use Your EBT Card to Make a Cash Purchase (if you get cash benefits)

The steps you follow may be different for each type of POS device you use. Don't be afraid to ask the clerk for help.

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

Step 1 Swipe your EBT card at POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 Approve the purchase amount.

Step 4 You will receive a copy of the printed receipt.

You may be charged a fee to use your EBT cash benefits.

How to Use Your EBT Card to Get Cash

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

Step 1 Insert or swipe your EBT card at an ATM or POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 For ATMs, select “Checking” following the on-screen or audio directions.

For POS devices, select “Cash”.

Note: Some ATMs or POS devices may charge fees.

Step 4 For ATMs, enter the cash amount.

For POS devices, tell the clerk the amount of cash you want to receive.

Step 5 Approve the cash amount.

Step 6 You will receive a copy of the printed receipt.

Remember, you cannot get cash from your EBT food benefits.

What Will Happen if the POS Device is Not Working

OFFLINE FOOD VOUCHER
1000000

EITHER: Clear voucher on POS device within 15 days,
Or: Mail white copy (including this page) to:
FIS Government Services, PO Box 290, Milwaukee WI 53201-0290

AMOUNT \$ TRANSACTION DATE

Purchase Refund

PRINT STORE NAME

STORE PHONE NUMBER

STORE ADDRESS

STORE CITY/STATE/ZIP

STORE SUPERVISOR/CLERK SIGNATURE

In signing this voucher, I believe that food items are available for the full amount of this transaction. If funds are NOT available, future month's benefits may be deducted. ONLY THE STATE OF WISCONSIN IS SUBJECT TO DISPUTE RESOLUTION STATE LAWS.

In the event of a dispute, if any information in the shaded area has been altered, charge back may occur.

08-08-08

FIS regulations prohibit representation of this voucher by merchant if voice authorization was denied.
Write FIS When Customer Prints Merchant

If you want to purchase eligible food items and the POS device is not working or there is not one at the store, the cashier will fill out a paper voucher. Some merchants like mobile vendors do not have POS devices. The cashier will write in your EBT Card number and the amount you are spending. DO NOT give the cashier your PIN. The cashier will call to see if you have enough benefits in your account to buy the food. If there is enough in your account, you will be asked to sign the voucher and will be given a copy of it. It is very important to keep this copy so you can subtract what you spent from the balance shown on your last EBT receipt. This will give you the current amount in your account.

You cannot use a voucher to get money from your cash benefits account.

DO NOT...

- Keep your card and PIN together.
- Write your PIN on your card.
- Damage or bend your card.
- Write on or scratch the black stripe on the back.
- Leave your card laying around.
- Put your card near magnets, TVs, DVD players, CD players, stereos.
- Leave your card in the sun, like on the dashboard of a car because it will melt up and not work.
- Throw your card away, even if you move. You will use the same card every month as long as you receive benefits.

ATM Safety Tips

- Always put your card in a safe place after using it.
- Have your EBT card ready.
- Choose a well-lit ATM in a place where you feel safe (like inside a store).
- Stand so that no one can see the PIN you use.
- Count your money if you feel it is safe.
- Put your cash, card, and receipt away quickly.

If your card is lost or stolen, call Customer Service right away. They will put a lock on your card and tell you how to get a new card. It's important that you call Customer Service as soon as possible! It may take up to seven business days to get a new card.

Surcharges

A surcharge is a service fee that some stores and banks may charge you each time you get cash benefits with your EBT Card. Before you use your card, look for a notice telling you about this surcharge on the ATM screen, or on a sign near the POS device in stores. If you do not want to pay a surcharge, you can choose another location by looking on www.ebt.ca.gov, texting as directed on this pamphlet or checking with your local welfare department to find out where you can get your cash without paying a surcharge.

Direct Deposit

All counties have direct deposit. You can choose to have your cash benefits sent directly into your personal bank or credit union account instead of using EBT. Direct deposit is free. Tell your county welfare department that you would like direct deposit.

EBT Client Website

Go to the EBT Client Website from your computer or mobile device at www.ebt.ca.gov to:

- Find stores and farmers' markets that accept EBT.
- Find surcharge-free ATMs.
- Find restaurants that accept EBT.
- View transaction history or account balance.

How to Send Questions by Text Message

Use your mobile phone to check your balance and to find ATMs, surcharge-free ATMs, restaurants, farmers' markets, and stores that accept EBT.

Go to www.ebt.ca.gov to sign up and register your phone number. Standard data and text messaging fees may apply. Check with your cell phone provider.

Here is an example of what to enter in the text message: ATM 90123

- Text BAL to 42265 for your EBT food and/or cash balance.
- Text ATM and your ZIP code to 42265 for nearby ATMs.
- Text SFATM and your ZIP code to 42265 for nearby surcharge-free ATMs.
- Text REST and your ZIP code to 42265 for restaurants that accept your EBT card.
- Text FM and your ZIP code to 42265 to find farmers' markets in your area.
- Text STORE and your ZIP code to 42265 to locate stores that accept your EBT card.

When to Call the Toll-Free Customer Service Number **1-877-328-9677**

This is a free call.

Customer Service is open 24 hours a day, 7 days a week to answer any questions you may have about your EBT Card. You will reach an Automated Response Unit and most of your questions can be answered without the need to talk to a Customer Service Representative.

Answers can be provided in Arabic, Armenian (Eastern), Cambodian, Cantonese, English, Farsi, Hmong, Japanese, Korean, Lao, Mandarin, Mien, Punjabi, Portuguese, Russian, Spanish, Tagalog, Ukrainian, and Vietnamese.

Call if:

- Your card is lost or stolen.
- Your card does not work.
- You want to change your PIN because you forgot it or if someone else knows your PIN.

Call Customer Service right away.

- You want to find out how much you have left in your accounts.
- You have been charged for a purchase but didn't get the goods or you were charged too much for what you bought.
- You have other questions or problems.

**24 hours a day/7 days a week
1-877-328-9677 or the Client
Website www.ebt.ca.gov**

TTY: 1-800-735-2929

**(Telecommunications Relay Service
for Hearing/Speech Impaired)**

When You'll Get Your Benefits

The day of the month you get your EBT food benefits and/or cash benefits is based on the last number of your case number.

EBT Food Benefits

**If the last
number of
your case
number is:**

**Your EBT food
benefits will be
available on the:**

1	1st day of the month
2	2nd day of the month
3	3rd day of the month
4	4th day of the month
5	5th day of the month
6	6th day of the month
7	7th day of the month
8	8th day of the month
9	9th day of the month
0	10th day of the month

Restaurant Meals Program (RMP)

Please note that RMP is not available in all counties. Please check with your welfare department for a list of participating counties.

Cash Benefits

**If the last
number of
your case is:**

**Your cash benefits
will be available on
the:**

1,2,3	1st day of the month
4,5,6,7	2nd day of the month
8,9,0	3rd day of the month

- Benefits are available on weekends and holidays.
- Your balance at the end of the month is added to the next month's balance.

Enter the day your EBT food benefits will go into your account:

(1st through 10th day of the month)

Enter the day your cash benefits will go into your account:

(1st, 2nd or 3rd day of the month)

Things to Remember

About Your Card/Your PIN

- If your card is lost or stolen, call Customer Service right away.
- Take good care of your card.
- Keep your card in a safe place.
- DO NOT let anyone else use your card without permission.
- You use your PIN every time you use your card except when a paper voucher is used.
- DO NOT leave your card at the ATM or POS device.
- Call your welfare department if you move. You will be able to use your benefits in your new county.

About Your Balances

- Save your last receipt so you know your account balance.
- Check your account balance before you go shopping.
- You can get up to your entire cash account balance from an ATM or POS in one day. However, depending on the ATM or POS limits, you may need to do more than one transaction.
- You can check your account balance at www.ebt.ca.gov.

About POS Devices

- Use a POS device to buy food with your EBT food benefit account or get cash benefits.

- You cannot be charged a fee to use your EBT food benefits.
- The store may charge a surcharge for getting cash if you do not make a purchase. Ask the store about its policy.

About ATMs

- Use an ATM to withdraw cash benefits.
- Some ATMs charge a fee. Check with your local welfare office or at www.ebt.ca.gov to find out where you can use your card free of charge.

This institution is an equal opportunity provider.



State of California
Health and Human
Services Agency
Department of Social
Services

CALWORKS IMMUNIZATION RULES

IMMUNIZATION RULES

If you are getting cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, you must give the county proof that the child(ren) in your family under the age of 6 has received age-appropriate immunizations (shots). See Column 2 for a list of medically recommended immunizations and see the attached page for the recommended immunization schedules.

PROOF

If you are an applicant for CalWORKs, you must provide proof of immunization within 30 days of approval of Medi-Cal or within 45 days from date of application for CalWORKs if you are already getting Medi-Cal.

If you are a current recipient of CalWORKs, you must submit proof within 45 days after the county notifies you that proof of immunization is required. For each child under the age of 6 added to the assistance unit, you must submit proof of immunization within 30 days of the child's approval for Medi-Cal.

If you have a problem getting immunizations for your child(ren), contact your worker immediately.

EXEMPTIONS

A child(ren) is exempt from these immunization regulations if the parent or caretaker relative has good cause listed below:

Permanent

- The caretaker does not believe in immunizing the children;
- The caretaker has a medical statement saying that the child should not be immunized;

Temporary

- The caretaker could not get the child to a doctor because of transportation problems;
- The caretaker could not get a timely doctor's appointment;
- The immunization the child needed was not available;
- The parent or child was sick and could not go to the doctor;
- Language barriers; and
- The records do not correctly show all the immunizations the children received and the caretaker relative is trying to correct the records.

FAILURE TO COOPERATE

If you do not submit proof of immunization for all children under the age of 6 in the assistance unit, your cash aid will be lowered by an amount equal to the share of the cash aid for the parent(s) or caretaker relative(s). Once proof is submitted, the share of cash aid will be restored for the parent(s)/ caretaker relative(s) the first of the following month.

MEDICALLY RECOMMENDED IMMUNIZATIONS

The Advisory Committee on Immunization Practices, American Academy of Pediatrics, and American Academy of Family Physicians currently recommend the following immunizations for children under age 6:

- Polio
- Diphtheria, tetanus, and pertussis (DTaP or DTP)
- Measles, mumps, and rubella (MMR)
- Varicella Virus Vaccine* (for Chicken Pox)
- Hepatitis B
- Hemophilus influenza type b (for meningitis)

WHERE TO GET IMMUNIZATIONS

- A provider that accepts Medi-Cal
- Your assigned physician in your Medi-Cal managed care plan
- A county public health clinic
- Any other source within your county offering free or low cost immunizations
- A "Child Health and Disability Prevention (CHDP)" provider

HOW TO GET MORE FACTS ABOUT IMMUNIZATIONS

You can call:

- The National Immunization Information Hotline sponsored by the Center for Disease Control (CDC) and the American Social Health Association. Call Monday through Friday between 5 AM and 8 PM:
 - English 1-800-232-2522
 - Spanish 1-800-232-0233
- Your local health department's Immunization Service Program or the CHDP Program (depending on the county) is:

* The vaccination for chicken pox may not be available from all physicians.

If you have any questions, call your worker.

WORK REALLY PAYS! HERE'S HOW:

You can work and still get CalWORKs cash aid as long as you are low income and remain eligible. When you add your earnings to your cash aid, you will have more \$\$\$ for your family. Work also:

- Develops your job skills, and helps you get a better job.
- Builds a better life for you and your family.
- Gives you personal satisfaction.
- Builds your self-esteem.



HERE IS AN EXAMPLE OF HOW WORK PAYS FOR MARY AND HER TWO CHILDREN (REGION 1): Mary works 32 hours a week for \$12.00 an hour.

Step 1 We figure Mary's weekly gross earnings:

\$12.00 x 32 hours = \$384 Weekly Earnings

Step 2 We figure Mary's monthly gross earnings:

\$384 x 4.33 weeks = \$1662.72 Monthly Gross Earnings (4.33 is the average number of weeks per month)

Step 3 We figure Mary's monthly countable earnings:

Mary's Monthly Gross Earnings	\$ 1662.72
Less \$500 Earned Income Deduction (EID)	- 500.00
Balance	1162.72
Less 50% (half) of Balance	- 581.36
Equals Countable Earnings	\$ 581.00*

Step 4 We figure Mary's cash grant:

Non-exempt Maximum Aid Payment (MAP) for 3 (Region 1)	\$ 878.00
Less Mary's Countable Earnings	- 581.00
Equals Cash Grant	\$ 297.00

Step 5 We figure Mary's total monthly income:

Monthly Gross Earnings	\$ 1662.00*
Plus Cash Grant	+ 297.00
Equals Total Gross Income	\$ 1959.00

*Countable income is rounded down to whole dollar amounts.

For a translation of this notice, ask your worker.

若需本通知的翻譯本，請和你的工作員聯絡。

Si no puede leer este documento, pídale ayuda a su trabajador.
(Spanish)

Для перевода этого извещения обратитесь к работнику.

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị.

FIGURE YOUR EARNINGS AND CASH AID:**Step 1 Figure your weekly gross earnings:**

Your hourly wage \$ _____ x your weekly hours of work _____ = your Weekly Gross Earnings \$ _____.

Step 2 Figure your monthly gross earnings:

Your Weekly Gross Earnings \$ _____ x 4.33 weeks = your Monthly Gross Earnings \$ _____.

Step 3 Figure your monthly countable earnings:

Your Monthly Gross Earnings (from Step 2)	\$ _____
Less \$500 Deduction	- 500.00
Balance	\$ _____
Less 50% (half) of Balance	- _____
*Equals Countable Earnings	\$ _____

Step 4 Figure your cash grant:

Non-exempt Maximum Aid Payment (MAP) for a family your size	\$ _____
Less your Countable Earnings (from step 3)	- _____
Equals Cash Grant	\$ _____

Step 5 Figure your total monthly income:

*Monthly Gross Earnings (from step 2)	\$ _____
Plus Cash Grant (from step 4)	+ _____
Equals Total Gross Income	\$ _____

*Countable income is rounded down to whole dollar amounts.

FACTS ABOUT OTHER BENEFITS YOU CAN GET FROM WORKING WORK PAYS IN SO MANY OTHER WAYS

SUPPORTIVE SERVICES

While in CalWORKs, you and the county will agree on goals and activities to help you get a job and support your family without cash aid. You have the right to available supportive services you need to do the activities and assignments. This can be transportation, child care, ancillary costs (fees, uniforms, supplies, etc.), and counseling services to help with the transition to work. You may be able to get some of these supportive services paid for in advance.

CHILD CARE

CalWORKs can pay for part of all or your child care. You can get paid child care while you look for a job, work, or take part in other approved CalWORKs activities, such as training or county meetings. Your child care will be paid to the eligible child care provider that you choose.

If you are looking for work, working, in a training program, or taking part in a county approved activity, you can get paid child care for the entire time you are on cash aid. After you go off cash aid, you can keep getting child care for up to 24 months, as long as you are below a certain income level.

After you have received 24 months of child care, you may continue to get child care if funding is available and your family remains eligible. The county or the local Alternative Payment Program agency will help you to find additional services.

JOB RETENTION SERVICES

Some counties provide job retention services for eligible former recipients, as part of the CalWORKs program. Job retention services can be case management, transportation, or other services that help you keep a job or get a better job. Ask your worker what services your county can give you. Months you get job retention services do not count against the California 48-month time limit, and do not count against the Federal limit as long as you are employed.

You may get job retention services for up to 12 months IF:

- You got CalWORKs AND
- You went off cash aid because you got a job OR
- You went off cash aid and you got a job within 12 months.

HEALTH COVERAGE IS IMPORTANT FOR YOU AND YOUR FAMILY

Your health coverage may continue when your CalWORKs cash aid stops.

- Depending on the reason your cash aid stops, you and your child(ren) may be eligible for continued no-cost or low-cost health coverage under the Medi-Cal or Healthy Families programs.

EARNED INCOME TAX CREDIT

The federal Earned Income Tax Credit (EITC) is a special tax break for people who work full or part time. This means extra cash in your pocket. Claiming your EITC is easy. Just file your tax return form 1040 or 1040A and Schedule EIC. You can still get an EITC refund even if you do not owe any income tax.

The EITC refund is not counted as income when your CalWORKs cash grant, CalFresh, or Medi-Cal benefits are figured.

You can get the EITC refund going back three years if you filed your income tax but did not claim your EITC. You just need to turn in an amended income tax return. There is no late penalty for those earlier years.

You can get free tax help from Volunteer Income Tax Assistance (VITA) sites. For a VITA site near you, or other tax information, call the IRS at 1-800-829-1040.

Federal and State 48-Month Time limits

As of July 1, 2011, a parent or caretaker relative can only get CalWORKs cash aid for up to a lifetime total of 48 months. Cash aid received from CalWORKs, Tribal TANF and/or from any other state counts toward the 48-month limit.

- There are times when you can get aid past 48-months. These situations allow aid to continue past the time limit, or stop a month of aid from counting toward the time limit. Some of these exceptions are:
 - The limit does not apply to children.
 - A month on cash aid does not count toward the 48-month time limit when the person is:
 - ✓ Age 60 or older.
 - ✓ Exempt from taking part in Welfare-to-Work activities for certain reasons.
 - ✓ Disabled for 30 days or more.
 - ✓ And other reasons your worker can tell you.
- Other states may have different rules for the 48-month time limit.

CALWORKS 48-MONTH TIME LIMIT



CalWORKs 48-MONTH TIME LIMIT ON AID

Beginning July 1, 2011, an aided adult (parent, stepparent, and/or caretaker relative) can only get 48 months (4 years) of cash aid from the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This includes cash aid you got from California and other states' Federal Temporary Assistance for Needy Families (TANF) Programs.

The 48-month time limit does NOT apply to:

- Children
- Child Care
- Medi-Cal Benefits
- CalFresh Benefits
- Aid that you got from California or other states under the Aid to Families with Dependent Children (AFDC) Program before January 1, 1998.

FACTS YOU SHOULD KNOW ABOUT THE CalWORKs 48-MONTH TIME LIMIT

Time Limit Exemptions - "Clock Stoppers"

A month on cash aid does not count toward your CalWORKs 48-month time limit if at any time during that month **you are**:

- Disabled (*You must have medical proof of a disability that is expected to last at least 30 days.*)
- 60 years or older.
- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- Caring for a dependent child of the court or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- A victim of domestic abuse and the county waives the 48-month time limit.
- Living in Indian Country, as defined by federal law, or an Alaskan native village, in which at least 50 percent of the adults are unemployed.
- Granted an exemption from participation and the cash aid time limit based on caring for a child who is 0-23 months of age. (*This exemption is only available once.*)

More "Clock Stoppers" to the CalWORKs 48-Month Time Limit

A month does not count if:

- You did not get CalWORKs cash aid for yourself because your grant was less than \$10, you were sanctioned, or you were not eligible for any other reason.
- Your cash grant is fully repaid by child support collection.
- You are off cash aid, employed and only getting supportive services such as child care, transportation, or case management.

For more information regarding time limits, see back page.

CALWORKS 48-MONTH TIME LIMIT

Time Limit Exceptions - “Time Extenders”

You may be able to get more cash aid after 48 months if all aided parents, stepparents, and/or caretaker relatives in the home are in one of the following situations:

- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- 60 years or older
- Caring for a dependent child of the court, or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- Evaluated by the county and are found to be unable to maintain work or take part in welfare-to-work activities. This exception only applies when the adult has a history of cooperating with welfare-to-work rules.
- Not in the assistance unit (AU) for any reason other than reaching the 48-month time limit.
- Disabled and receiving certain types of disability benefits and the disability impairs you from working or participating in welfare-to-work activities. The benefits that qualify for this are: State Disability Insurance, Worker's Compensation Temporary Disability Insurance, In-Home Supportive Services, or State Supplementary Program benefits.
- If only one adult in the home meets an extender, you won't be eligible for extended cash aid. Both adults must meet one of these extenders, but each one can meet a different one.

CalWORKs 48-Month Time Limit Waiver for Extending Aid

If you are a victim of domestic abuse and the county determines that your condition or situation impairs your ability to work or to participate in welfare-to-work activities, the county may waive the 48-month time limit, and you can get more than 48 months of aid.

Request for Exemption or Extender

If you think you meet the rules for an exemption or extender, contact your worker. You may also contact your worker to find out how many months of aid you used.

Choosing to Leave Cash Aid

If your family is getting only a small amount of monthly cash aid, you may choose to go off aid so that the months will not count against your CalWORKs 48-month time limit. This will save you some months for cash aid in the future. You should contact your worker to find out if going off aid will be helpful to you.

Diversion

There are special time limit rules for diversion. Diversion is a lump sum payment you can get instead of getting monthly cash aid. The month that you get the diversion payment counts as one month toward the CalWORKs 48-month time limit, unless you reapply and get cash aid during the diversion period. In that case, you may choose to have all the months in the diversion period counted toward the 48-month time limit, or to repay the diversion payment by reducing your monthly cash grant.

RULES FOR OTHER STATES

Other states have different time limit rules. If you got TANF aid in another state - or if you plan to move to another state - you must contact that state to find out about its time limit requirements.



County of Los Angeles
Department of Public Social Services



DIRECT DEPOSIT OVERVIEW

DPSS offers Direct Deposit services to all CalWORKs, Refugee Cash Assistance, Cash Assistance Program for Immigrants, and General Relief participants. This means you can have your cash aid benefits directly deposited into your bank or credit union account each month. **Enrollment in Direct Deposit does NOT give the County permission to monitor your bank accounts and spending habits. This is confidential banking information available only to you!**

BENEFITS OF THIS PROGRAM ARE:

- < Money is in **YOUR** bank account on the **FIRST** of each month.
- < Money is available 24 hours a day/7 days a week.
- < ATM Surcharges and fees for check cashing and money orders are **GONE!**
- < Pay your bills in the **privacy of your own home.**

SIGNING UP IS SIMPLE!

IF YOU HAVE A BANK ACCOUNT:	IF YOU DON'T HAVE AN ACCOUNT IN YOUR NAME:
Complete the Direct Deposit sign up form and attach a <u>voided check</u> or have your bank complete Section 2 of the form.	<ol style="list-style-type: none"> 1. Visit a bank convenient to you and open an account. The bank product information below can help. 2. When you've opened an account, follow the instructions to the left under "If you have a bank account."
NOTE: DO NOT SIGN OR ENDORSE THE VOIDED CHECK.	

BANK PRODUCT INFORMATION**

BANK	MONTHLY FEES	ATM FEES	MONTHLY MINIMUM BALANCE	MINIMUM DEPOSIT REQUIRED TO OPEN ACCOUNT
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CHECKING ACCOUNT

Chase (800) 788-7000	\$10.00 (Waived with \$500 or more Direct Deposit)	None	No minimum	\$25.00
Wells Fargo (800) 869-3557	\$10.00 (Waived with \$500 or more Direct Deposit)	None	Waived w/Direct Deposit	\$50.00
Bank of America (800) 900-9000	\$12.00 (Waived with \$250 or more Direct Deposit)	None	Waived w/Direct Deposit	\$25.00
Union Bank (800) 796-5656	Waived (with \$250 or more Direct Deposit)	None	No minimum	\$100.00
U.S. Bank (800) 872-2657	\$8.95 (Waived with \$1,000 or more Direct Deposit)	None	No minimum	\$100.00
Citibank (800) 374-9700	\$12.00	None	No minimum	\$ 0

SAVINGS ACCOUNT

Chase (800) 788-7000	\$5.00 (Waived with a \$300 or more Daily Balance)	None	No minimum (\$300 to waive fees)	\$25.00
Wells Fargo (800) 869-3557	\$5.00	None	No minimum (\$300 to waive fees)	\$ 25.00
Bank of America (800) 900-9000	\$5.00	None	\$5.00 (\$300 to waive fees)	\$ 300.00
Union Bank (800) 796-5656	\$0	None	No minimum	\$25.00
U.S. Bank (800) 872-2657	\$4.00	None	No minimum (\$300 to waive fees)	\$100.00
Citibank (800) 374-9700	\$10 (Waived with Direct Deposit)	None	No minimum	\$100.00

FOR MORE INFORMATION ABOUT DIRECT DEPOSIT CALL (866) 613-3777

** DPSS does not endorse any of the listed banks or guarantee the accuracy or completeness of this information. All rates subject to change.

IMPORTANT NOTICE

ATTENTION ALL CalWORKs PARTICIPANTS

New Domestic Violence, Mental Health, and Substance Abuse services are available

New provisions in State Law now allow counties to provide treatment and support services to participants in situations where domestic violence, mental health or substance abuse is a barrier to employment.

If problems with domestic violence, mental health or substance abuse are barriers to your finding or keeping a job, Los Angeles County Department of Public Social Services may be able to help.

For further information, call:

DOMESTIC VIOLENCE: 1-800 978-3600 (Please refer to the *Domestic Violence Referral Sheet* for additional telephone numbers)

MENTAL HEALTH ACCESS LINE: 1-800 854-7771

SUBSTANCE ABUSE: 1-800 564-6600 (8:00 a.m. - 5:00p.m.)

DO YOU LIVE IN OR PLAN TO LIVE IN PUBLIC OR SECTION 8 HOUSING?

Public Housing is housing provided for eligible low-income families, seniors, and persons with disabilities. Section 8 provides opportunities for low-income families to obtain affordable privately owned rental housing. If you live in or plan to live in public or Section 8 housing, the Department of Public Social Services, when asked, will provide the **Housing Authority of the City of Los Angeles and Housing Authority of the County of Los Angeles** with information necessary to determine eligibility for these housing programs. The information shared from your case may be, but not limited to: 1) Your monthly grant amount, 2) Who is living in your household, and 3) Any other information necessary to determine your eligibility for housing.

The Housing Authorities will not share this information with anyone else, and you have the right to review the information provided to the Housing Authorities. **ENGLISH**

ENGLISH

Համայնքային բնակարանային հաստատությունը նախատեսված է ցածր եկամտով իրավասության հիմքում գործելու համար: Բաժին 8 հնարավորություններ է ընդունում ցածր եկամտով բնակարանային համար, որպեսզի ձեռք բերեն մատչելի մասնավոր սեփականություն հանդիսացող վարձակալության բնակարան: Եթե դուք ապրում կամ պատրաստվում եք ապրել համայնքային կամ Բաժին 8 բնակարանում, հարցնելու դեպքում Հասարակական Սոցիալական Ծառայությունների Վարչությունը, կտրամադրի Լու Անժելիս Քաղաքի Բնակարանային Լիազորմաներ և Լու Անժելիս Մարգի Բնակարանային Լիազորմանը տեղեկություն, որն անհրաժեշտ է որոշելու համար այս բնակարանային ծրագրերից օգտվելու իրավասությունը: Ձեր գործի փոխանակվող տեղեկություն կարող է լինել, սակայն դրանով չի սահմանափակվում: **1)** Ձեր ամսական նպաստի գումարը, **2)** Ով է ապրում ձեր բնակարանի վրա, և **3)** Ցանկացած այլ տեղեկություն, որ անհրաժեշտ կլինի որոշելու ձեր բնակարանի իրավասությունը:

Բնակարանային Լիազորությունը չի փոխանակի այս տեղեկությունը որևէ մեկի հետ, և դուք իրավունք ունեք վերանայելու Բնակարանային Լիազորությանը տրամադրած տեղեկությունը: **ARMENIAN**

ARMENIAN

ເຕີເມັກຮ່າງເຕີ ບໍ່ ພາຍໃຕ້ເມື່ອຮ່າງເຕີ ເຕີ ພາຍໃຕ້ເມື່ອຮ່າງເຕີ ພາຍໃຕ້ເມື່ອຮ່າງເຕີ

លំនៅដ្ឋានសាធារណៈ: គីឡូវិថី:សម្រួលដ្ឋានសំប់គ្រូសារដែលមានប្រាក់ចំណូលទាប, មនុស្សចាស, និង ជនិការ ដែលមានសិទ្ធិទទួល។ Section 8 ផ្តល់នូវគិតាសម្ព័ន្តសំប់គ្រូសារដែលមានប្រាក់ចំណូលទាប ដើម្បីទទួលបានដ្ឋានដូចមួយនៃ ចំណាយបាន។ យើសិនជាមួកសេវានៅទៅ ឬ មានការប្រាក់ចំណូលដែលទៅដ្ឋានសាធារណៈ: ឬ Section 8, ក្រសួងសង្គមិត្ត សាធារណៈ, នៅពេលស្នើសុំ, និងផ្តល់ទៅការប្រាក់ដែលមួយដូច: សម្រួលប្រចាំក្រុងឡូសិនីយេស និង ខាងជិតខ្សែសិន យេសុំ នូវព័ត៌មានចាំបាច់ ដែលគ្រូសារដើម្បីសម្រេចបានក្នុងរាជរដ្ឋប្រជាធិបតេយ្យដើម្បីដើម្បី: សម្រួលចាំនេះ។ ព័ត៌មានចាំបាច់ដែលគ្រូសារយកចេញពីសំណុំប្រើប្រាស់មួក ភាគចាំ, ឬនៅមិនការពីចេញពី: 1) ចំនួនប្រាក់ដែលបានប្រាក់ 2) នរណាមួយ: ដែលកំណុំសេវាក្នុងគ្រូសាររបស់មួក, និង 3) ព័ត៌មានចាំបាច់ដែលត្រូវតែ ដែលគ្រូសារសំប់សម្រេចបាន ក្នុងរាជរដ្ឋប្រជាធិបតេយ្យដើម្បីសម្រួល។

CAMBODIAN

~~~~~你是否居住或者計劃居住在公共房屋或者領取房屋補助津貼 Section 8 ?~~~~~

公共房屋是為符合資格的低收入家庭, 年長者, 殘障人士提供的住房. 房屋補助津貼 Section 8 是為低收入家庭獲得可負擔得起的私有出租房屋提供房租補助的機會. 如果你居住或者計劃居住在公共房屋, 或者領取房屋補助津貼 Section 8, 當被要求時, 公共社會服務局將會向洛杉磯市政府房屋委員會和洛杉磯縣政府房屋委員會提供有關你必要的資訊, 以確定你符合這些房屋計劃的資格. 會從你的個案分享的資訊可以是, 但不限於: 1) 你每個月補助的數額, 2) 誰居住在你家庭中, 3) 任何其他必要的資料以確定你房屋補助的資格.

房屋委員會將不會與其他人分享這些資訊，並且你有權利審閱由房屋委員會所提供的資料。

## CHINESE

당신은 공공 임대 주택 또는 섹션 8 주택에서 살거나 살 계획입니다?

공공 임대 주택은 자격이 되는 저소득층 가족, 고령자, 및 장애가 있는 사람들을 위해 제공되는 주택입니다. 섹션 8은 저소득층 가족들이 저렴한 개인 소유의 임대 주택을 얻을 수 있는 기회를 제공합니다. 만일 당신이 공공 임대 주택이나 섹션 8 주택에 살거나 살 계획이라면, 사회 복지국 (DPSS)에서는, 요청시, 이를 주택 프로그램에 대한 자격을 결정하는데 필요한 정보를 **로스엔젤레스 시 주택국 및 로스엔젤레스 카운티 주택국**에 제공하게 될 것입니다. 당신의 케이스에 대해 공유하게 될 정보는 다음과 같지만 이에만 국한되지 않을 수도 있습니다: 1) 당신의 월 보조 금액, 2) 당신 가정에 살고 있는 사람, 및 3) 주택에 대한 당신의 자격을 결정하는데 필요한 기타 모든 정보.

주택국에서는 이 정보를 그밖의 누구와도 공유하지 않을 것이며 당신은 주택국에 제공한 정보를 검토할 수 있는 권한이 있습니다.

KOREAN

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ЖИВЕТЕ ЛИ ВЫ ИЛИ ПЛАНИРУЕТЕ ЖИТЬ В КВАРТИРЕ, ВЫДЕЛЕННОЙ ГОСУДАРСТВОМ ИЛИ ОПЛАЧИВАЕМОЙ ПРОГРАММОЙ СУБСИДИЙ НА ЖИЛЬЕ «8-Я ПРОГРАММА»?

Государственное жилье - это жилье, предоставляемое для семей с низкими доходами, пожилых лиц и инвалидов. Программа субсидий на жилье «8-я программа» предоставляет возможность для семей с низкими доходами арендовать жилье в частном секторе по доступным ценам. Если вы живете или планируете жить в квартире, выделенной государством или оплачиваемой программой субсидий на жилье «8-я программа», Управление социального обеспечения, в случае необходимости, предоставит **городскому и областному Жилищному Управлению Лос-Анджелеса** информацию, необходимую для определения вашего права на участие в этих программах. Информация по вашему делу, которая может быть предоставлена, касается, но не ограничивается следующими сведениями: 1) Размер вашего ежемесячного пособия, 2) Состав вашей семьи, и 3) Любая другая информация, необходимая для определения вашего права на это жилье.

Жилищное Управление не будет предоставлять эту информацию третьим лицам, а вы имеете право на просмотр информации, предоставленной в Жилищное Управление.

RUSSIAN

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**¿VIVE USTED O PIENSA VIVIR EN UNA VIVIENDA PÚBLICA O EN UNA VIVIENDA DE LA SECCIÓN 8?**

Vivienda Pública es la vivienda proporcionada para las familias elegibles de bajos ingresos, personas de la tercera edad, y con discapacidad/incapacidad. La Sección 8 proporciona oportunidades para las familias de bajos ingresos a obtener viviendas de propiedad privada económicas para alquilar. Si usted vive o piensa vivir en una vivienda pública o en una vivienda de la Sección 8, el Departamento de Servicios Sociales Públicos, cuando se le pida, proporcionará a la **Administración de la Vivienda de la ciudad de Los Angeles y a la Administración de la Vivienda del Condado de los Angeles**, información necesaria para determinar la elegibilidad para estos programas de vivienda. La información que se comparte en su caso puede ser, entre otros: 1) Su cantidad de subsidio mensual, 2) Quién está viviendo en su hogar, y 3) Cualquier otra información necesaria para determinar su elegibilidad para la vivienda.

La Administración de Vivienda no compartirá esta información con nadie más, y usted tiene el derecho de revisar la información proporcionada a la Administración de la Vivienda.

SPANISH

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IKAW BA AY NAKATIRA O BALAK MANIRAHAN SA PABAhay NA PAMPUBLIKO O SA SECTION 8?

Ang Pampublikong Pabahay ay isang pabahay na ibinibigay sa mga pamilyang may maliit na kita, mga nakatatanda, at mga taong may kapansanan. Ang Section 8 ay nagbibigay ng mga pagkakataon para sa mga pamilya upang makakuha ng abot-kayang paupahang bahay na pagmamay-ari na pribado. Kung ikaw ay nakatira o balak manirahan sa pampublikong pabahay o Section 8, ang Kagawaran ng Pampublikong Serbisyon Panlipunan, kapag naganong, ay magbibigay sa **Awtoridad ng Pabahay ng Lungsod ng Los Angeles at Awtoridad ng Pabahay ng County ng Los Angeles** ng impormasyong kailangan upang matukoy ang pagiging karapat-dapat para sa mga programa ng mga pabahay na ito. Ang impormasyong ibabahagi mula sa iyong kaso ay maaari, ngunit hindi limitado sa : 1) Halaga ng iyong buwanang tinatanggap, 2) Kung sino-sino ang naninirahan sa iyong sambahayan, at 3) Anumang iba pang impormasyon na kailangan upang matukoy ang iyong pagiging karapat-dapat para sa pabahay.

Hindi ibabahagi ng mga Awtoridad ng Pabahay ang impormasyong ito kaninuman, at ikaw ay may karapatan na repasuhin ang impormasyon na ibinigay sa mga Awtoridad ng Pabahay.

TAGALOG

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**QUÝ VỊ HIỆN CÓ ĐANG CƯ NGU HAY DỰ TÍNH SẼ CƯ NGU THEO CÁC CHƯƠNG TRÌNH GIA CƯ CÔNG CỘNG HOẶC GIA CƯ PHẦN 8 (SECTION 8) KHÔNG?**

Chương trình Gia Cư Công Cộng (Public Housing) là loại gia cư được cung cấp cho những gia đình có thu nhập thấp, những người cao niên, và những người tàn tật, mất năng lực. Chương trình Gia Cư Phần 8 (Section 8 Housing) tạo cơ hội cho những gia đình có thu nhập thấp thuê được nhà ở riêng tư, do mình làm chủ, với giá cả phải chăng. Nếu quý vị hiện đang cư ngụ hoặc dự tính sẽ cư ngụ theo chương trình gia cư công cộng hoặc gia cư Phần 8, thì Sở Dịch Vụ Xã Hội Công Cộng (Department of Public Social Services), khi được yêu cầu, sẽ cung cấp cho **Giới Thẩm Quyền Gia Cư Thành Phố Los Angeles** (Housing Authority of the City of Los Angeles) và **Giới Thẩm Quyền Gia Cư Quận-Hạt Los Angeles** (Housing Authority of the County of Los Angeles) những thông tin cần thiết để xác định tình trạng hội đủ điều kiện nhận hưởng các chương trình gia cư này. Những thông tin được chia sẻ, lấy từ hồ sơ của quý vị, có thể là, nhưng không giới hạn ở: 1) Số lượng tiền trợ cấp hàng tháng của quý vị, 2) Những người đang sinh sống trong hộ gia đình quý vị, và 3) Bất cứ thông tin nào khác cần thiết để xác định tình trạng hội đủ điều kiện nhận hưởng chương trình gia cư.

Các Giới Thẩm Quyền Gia Cư sẽ không chia sẻ những thông tin này với bất cứ người nào khác, và quý vị có quyền duyệt xét các thông tin được cung cấp cho các Giới Thẩm Quyền Gia Cư.

VIETNAMESE

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Family Support

Available through the
CalWORKs Home Visiting Program



*Are you pregnant or parenting?
Are you worried about how COVID-19 affects you and your family?
Do you know you can have help during this time of crisis?*

WE ARE HERE TO SUPPORT YOU!

You are not alone during the COVID-19 crisis. We are only a phone call away!

A team of trained healthcare professionals will contact you by phone to listen to your concerns and help you enroll in a program best suited for your needs.

ARE YOU ELIGIBLE?

Pregnant applicants or pregnant household members receiving CalWORKs Cash benefits.

OR

Parenting a child two years or younger.

HOW WILL THESE PROGRAMS HELP ME?

Our trained team provides support and services during pregnancy; coaches parents on how to support your children during difficult times; offers techniques for lowering your stress; and connects you and your family to educational training, job opportunities and other resources.



For general COVID-19 information:

<http://publichealth.lacounty.gov/media/Coronavirus/>

For Pregnancy information:

<http://publichealth.lacounty.gov/media/Coronavirus/GuidanePregnantWomen.pdf>

To learn more and enroll in one of our free and voluntary programs please contact
our Information Line: 213-639-6434 or 1-800-427-8700 (press #4, option #2)

Department of Public Health, Division of Maternal Child & Adolescent Health Services
in collaboration with Department of Public Social Services

CALWORKS HOME VISITING PROGRAM (HVP)

You may be eligible to participate in Home Visiting

ABOUT THE CALWORKS HOME VISITING PROGRAM

- The CalWORKs Home Visiting Program is a voluntary program that pairs you with a trained professional who makes regular visits to your home to provide guidance, coaching, access to prenatal and postnatal care, early learning resources, and other health and social services for you and your child.
- Your family may be eligible to receive these home visiting services for up to twenty-four months or until your child's second birthday, whichever is later.

BENEFITS OF HOME VISITING

- Your family may receive many positive benefits from participating in home visiting including improving your ability to:
 - Keep you and your baby healthy;
 - Be the best parent you can be;
 - Cope with stress in healthy ways;
 - Support your child's development;
 - Obtain employment and training opportunities;
 - Obtain referrals to benefits and resources available for you and your children; and
 - Enroll in high-quality child care services at no cost to you.
- A home visitor will provide you with support, guidance, coaching, and connections to important resources that help improve your families' health education, social, economic, and financial future.

PROGRAM ELIGIBILITY

- To be eligible for home visiting services you must be:
 - a member of a CalWORKs assistance unit who is pregnant, or
 - a parent or caretaker relative of a child less than twenty-four months old at the time of enrollment, or
 - pregnant and have applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy, or
 - apparently eligible for CalWORKs aid.
- If you do not meet the criteria listed above, you still may be eligible to participate depending on your location. Please discuss your options by calling 1-800-427-8700 (press #4, then select option #2.

What Does CHDP Offer?

The CHDP program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Needed shots
- Oral health screening and routine referral to a dentist starting by age 1
- Nutrition screening
- Behavioral screening
- Vision screening
- Hearing screening
- Health information
- Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

Other Services

If further health services are needed, we will help you find them, including:

- Dentists that accept Denti-Cal for the care of your child's teeth
- Medical specialists, as needed
- Mental and behavioral health services, as needed

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

Information

For more information about CHDP, transportation options, or for help setting up an appointment, contact your local CHDP office.

You can find your local CHDP office by visiting the California Department of Health Care Services website at:
www.dhcs.ca.gov/services/chdp

*Regular health check-ups keep your child healthy.
Health check-ups can also find and treat problems before they become serious.*



Edmund G. Brown, Jr.
Governor, State of California

English

Child Health and Disability Prevention (CHDP) Program

Medical and Dental Health Check-Ups



FREE

For Babies, Children, and Youth
Under age 21 with Full Scope Medi-Cal or
Under Age 19 with Low Family Income.

No Documentation Required

Why Get Health Check-Ups?

Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental, mental, and behavioral health problems
- Get needed shots
- Ask your doctor questions

Health check-ups can also be used for foster care, sports, camp, or school entry, as needed.

Babies and Toddlers Birth Through 3 Years

Regular check-ups can keep your baby happy and healthy. You can find out about your baby's growth, weight, and health, and needed shots are given. At 1 year and 2 years, your baby should be tested for lead. A test for anemia is also given. Your child should see a dentist at least once a year starting by age 1.



Dental

Please contact your local CHDP office for assistance to find a Dentist who accepts Denti-Cal. CHDP may also assist with appointment scheduling and transportation if necessary.

School Children 4 Through 12 Years

It is important to make sure your child is healthy and ready for school. State laws require children to be up to date on their shots and get a health check-up.

School children will also get vision and hearing screenings. If your child has not had a lead test before, he/she should have one by age 6 or before. Your child should see a dentist at least once a year.



Vision & Hearing

The local CHDP office can provide assistance to obtain vision and hearing services if medically necessary.

Who is Eligible?

Children and youth up to age 21 who are eligible for Medi-Cal. Children and youth under age 19 with family incomes less than or equal to 200% Federal Income Guidelines are also eligible. Proof of residence and income is not required.

Teens and Young Adults 13 Through 20 Years

Teens need health check-ups too! This is a chance to make sure your teen is growing and developing well. It is also a time for you or your teen to ask the doctor any questions. Extra health check-ups can be given for sports and camp physicals. Your child should see a dentist at least once a year.



Mental Health, Autism and Behavioral Services

Contact the local CHDP office for assistance to access these services.

Build a Better Future for your Family

Get the benefits of family planning services, which can help you:

- Improve your ability to become self-sufficient by preventing an unplanned pregnancy.
- Plan the number and spacing of your children so you are able to meet the economic and emotional needs of your family.
- Communicate with your partner about reproductive health issues.
- Talk to your kids about safe sex and pregnancy prevention.



Do it for yourself.
Do it for the ones you love.



State of California
Health and Human Services Agency
Department of Social Services

PUB 275 (04/07)



County Stamp Box

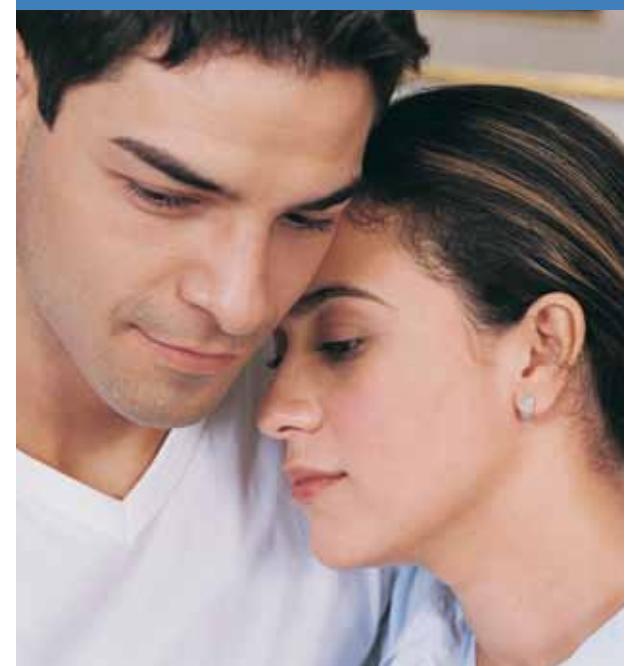
California Family Planning Information
and Referral Service

1-800-942-1054

All persons in the photographs are models and
used for illustrative purposes only.



Family Planning...
Making the Commitment
for a Healthy Future



Family Planning — For Your Family's Future

Your local family planning provider can help you:

- Find the birth control method that fits your lifestyle. There is a wide range of choices — from the pill to the ring to the shot and more.
- Get birth control supplies to help prevent an unplanned pregnancy.
- Learn about emergency contraception and whether it will be the right choice for you if you ever need it.
- Get tested and treated for sexually transmitted diseases.
- Learn how to prevent getting and spreading sexually transmitted diseases, including HIV/AIDS.
- Get screened for reproductive cancers.
- Learn how to do self-exams to check for breast cancer.
- Answer questions about all your reproductive health concerns.



These services are:

- Confidential, which means it is private between you and your doctor.
- Available for men and women, including teens.
- Inexpensive — CalWORKs clients can receive them for no- and low-cost.

Get family planning services in your community:

- From your doctor, county department of health or your health care plan.
- Look in the telephone yellow pages under "Family Planning Information."
- Call the California Family Planning Information and Referral Service for the name, address and phone number of a family planning services provider in your area at:

1-800-942-1054



Make the commitment today.

INSTRUCTIONS AND PENALTIES

SAR 7 ELIGIBILITY/STATUS REPORT

For CalWORKs and CalFresh

Need Help? Call Your Worker

- If you do not send in a complete report including but not limited to, answering all questions on the SAR 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 being stopped.
- Send in your completed report by the 5th of the month after the report month. It is late after the 11th.

Examples

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

Gross income means the amount you get before deductions are taken out (Examples of deductions are: Taxes, Social Security or other retirement contributions, health care plan premiums, garnishments, etc.).

Penalties:

PENALTIES FOR CalWORKs FRAUD: If on purpose you do not follow CalWORKs rules, your CalWORKs 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 CalWORKs 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 application 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 CALFRESH FRAUD: If on purpose you do not follow CalFresh rules, your CalFresh benefits 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 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, so you can get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.

SAR 7 ELIGIBILITY STATUS REPORT

Date: _____
 Case Name: _____
 Case Number: _____
 Worker Name: _____
 Worker ID: _____
 Worker Phone number: _____
 Customer ID: _____

NEED HELP? CALL YOUR WORKER

REPORT MONTH: _____ YEAR: _____

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1ST AND RETURN IT BY _____ 5TH
 For CalWORKs your family size is _____. Your IRT is \$ _____. For CalFresh, your household size is _____. Your IRT is \$ _____. For Medi-Cal, your household size is _____. Your IRT is \$ _____

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 (mm/dd/yy)	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: _____

Number, Street, City, Zip Code

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? \$ _____
Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones: <input type="checkbox"/> Phone <input type="checkbox"/> Trash <input type="checkbox"/> Water <input type="checkbox"/> Electric/Gas <input type="checkbox"/> 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: \$ _____
---------------------	------------------------------

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): _____

INCOME
INCOME
INCOME

INCOME
INCOME
INCOME

INCOME
INCOME
INCOME

WELFARE FRAUD HOTLINE
(800) 349-9970

Newborn

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"/> Traded	<input type="checkbox"/> Won	<input type="checkbox"/> Got as a gift	<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 pays, tips, etc. If you lost your job, attach proof.

	Job #1	Job #2	Job #3
Name of person who got the income:	Self-employed, click here <input type="checkbox"/>	Self-employed, click here <input type="checkbox"/>	Self-employed, click here <input type="checkbox"/>
Source of income/Employer name:			
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:	\$	\$	\$
Hours worked per month:	DATE(S) RECEIVED:	DATE(S) RECEIVED:	DATE(S) RECEIVED:

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, Loan/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 income 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 California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended 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 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 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 () -	CONTACT/CELL PHONE () -
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH-AIDED CHILDREN →	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM →	DATE SIGNED

HOW TO FILL OUT YOUR SAR 7 ELIGIBILITY STATUS REPORT

For Cash Aid and CalFresh (formerly known as Food Stamp) Benefits

Save this form to help you fill out your SAR 7 (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. Questions 4 and 13 are CalWORKs only, households only receiving CalFresh are not required to answer these questions.
- **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 number, and changes in housing costs since you last reported). This includes: newborns; people who are temporarily absent from the home; or 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.

Fleeing and Parole/Probation Violations (CalWORKs only) (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 is running from the law or in violation of parole/probation. We need the person's name, the place, and the date the warrant was issued or the violation occurred.

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.

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.
- **Proof of job loss** includes but is not limited to a letter from the employer, UIB award letter, or if no other verification is available, a signed written statement.

Changes in Employment Income (Question 10)

We need to know if income will continue or if there will be changes. 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 there will be changes in income, tell us why, how much and when. 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 employment 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 11)

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 costs for you); or anything else.
- **Proof of no longer receiving other monies** includes but is not limited to a letter from the benefit provider or if no other verification is available, a signed written statement.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got.

Changes in Other Income (Question 12)

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.

SEE OTHER SIDE FOR MORE INFORMATION

Proof of other types of income includes 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 (CalWORKs only) (Question 13)

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, or the other parent (of cash-aided children), 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

RUNNING FROM THE LAW: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that law enforcement was looking for them.

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

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 report month.

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 the 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 penalties are: 2 years for extra benefits under \$2,000; 5 years for amounts 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.

SEE OTHER SIDE FOR MORE INFORMATION



RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and CalFresh Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, CalFresh benefits, and/or Medi-Cal/34-County CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/34-County CMSP includes Full Medi-Cal/34-County CMSP benefits and Restricted Medi-Cal/34-County CMSP emergency and pregnancy related care only.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 8-16-70
P.O. Box 944243
Sacramento, CA 94244-2430
2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.
3. To ask for help to complete your application or any other cash aid, CalFresh, or Medi-Cal/34-County CMSP form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for CalFresh benefits.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting CalFresh benefits right away. If we think you might be eligible to get them right away, you will get an interview immediately and get CalFresh benefits within three days.
10. To get Medi-Cal/34-County CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal.

14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal.
15. To ask to have your Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or CalFresh benefits and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, CalFresh and Medi-Cal.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 21 above.
24. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
25. To have reasonable access to a location where you can withdraw your cash benefits with minimal or no costs.
26. To get a brochure that will tell you how to use your EBT card and how to get your cash benefits at minimal or no costs.
27. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at www.ebt.ca.gov.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each person applying for cash aid and CalFresh benefits is a U.S. citizen, U.S. national, or has lawful immigration status. We will check the immigration status information with the U.S. Citizenship and Immigration Services (USCIS) to make sure the person is eligible. For CalFresh, if there are people in your home who are not applying for CalFresh benefits, you do not have to provide their citizenship or immigration status.

If you want Medi-Cal/34-County CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a noncitizen with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or a noncitizen permanently residing under color of law (PRUCOL), your immigration status will be checked with the USCIS. The information the USCIS gets to verify the immigration status of the applicant can only be used to determine Medi-Cal/34-County CMSP eligibility, and cannot be used for immigration enforcement, unless you are committing fraud.

Fingerprint/Photo Imaging

All eligible adult household members for cash aid, and any adult applying for a child-only grant, must be fingerprint/photo imaged. If you are required to meet this rule but do not get fingerprint/photo imaged, the entire household will not get cash aid benefits. (Manual of Policies and Procedures (MPP) Section 40-105.3.)

The fingerprint/photo images are confidential. We can only use them to prevent fraud or to bring a criminal case against you for welfare fraud.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, CalFresh and Medi-Cal/34-County CMSP may result in repayment of benefits and/or criminal or civil action.

Cash Aid and CalFresh Benefits: You must give us the SSN for each applicant or recipient of cash aid and/or CalFresh. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or CalFresh benefits. For CalFresh, if there are people in your home who are not applying for CalFresh benefits, you do not have to provide their SSN. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it. (MPP Section 40-105.2).

Each applicant for Medi-Cal/34-County CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any noncitizen who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

Verification(s)

To give proof to support your eligibility. If you can't get proof, we will help you get it. You may need to sign a release for third party information or sign a sworn statement. (MPP Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at an arranged time to check out your facts, including seeing each family member. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- get medical support money from any absent parent and, if you get cash aid, get child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you fail to cooperate without a good reason. (MPP Sections 40-157.212; 40-157.213).

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To keep any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/34-County CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker. If you get CalFresh benefits, your worker will tell you if you are a semi-annual or change reporting household. If you get Medi-Cal/34-County CMSP, the county will tell you when you must report. (MPP Section 40-181).

CalWORKs Applicants - If any of the facts you told the county change, you must report the new facts to the county within 5 days.

HOW YOU MUST REPORT

For Cash Aid and CalFresh Semi-Annual Reporting, in addition to your annual SAWS 2 PLUS you must turn in a Semi-Annual Eligibility Report (SAR 7) by the fifth day of the month following your report month and report all required changes to the county within 10 days.

For CalFresh Change Reporting, you must report all changes within 10 days:

- by mail, telephone, or in person at the county CalFresh office; OR
- on the SAR 3 or AR 3; OR
- on a CF 377.5, CalFresh Household Change Report

For Medi-Cal, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

WHEN YOU MUST REPORT

For Cash Aid and CalFresh Semi-Annual Reporting

Semi-Annual Reporting (SAR) rules say that you must report certain things two times each year. The first report will be your application or redetermination/recertification (RD/RC) on your statement of facts (SAWS 2 PLUS) form. The second report will be the Semi-Annual Eligibility Report (SAR 7). The SAR 7 report is always due by the 5th day of the sixth month following your application or annual RD/RC and will be considered late if not received by the 11th day of the month. If your SAR 7 is late you will have to pay back any cash aid or CalFresh that you were not supposed to get. You will have to report gross income, as well as any changes in your gross income that you are sure will happen in the next six months, changes in the number of people in your household and information about any new household member, and any property bought or sold by people in your household. The report month will be on the top of the SAR 7 form. If you do not turn in a completed SAR 7 by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped. If you turn in your complete SAR 7 at any time in the month following the month your SAR 7 is due, your household's benefits will be started again from the date you turn it in, if you are still eligible.

What you must report on the Semi-Annual Report (SAR 7):

1. **Earned Income:** All gross earned income you or anyone in your household got in the report month. This includes wages; tips; vacation pay; cash bonuses; In-Home Supportive Services (IHSS); money from self-employment or from a training program; also any

income in kind you or anyone in your household got in exchange for work, such as free rent, clothing or food.

2. **Unearned or Disability Based Income:** All other income you or anyone in your household got in the report month. This includes child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity (SDI), veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or any other type of money you or anyone in your household got. You must also report on your SAR 7 any changes in income that you are sure will happen during the next six months. This includes earned, unearned and disability based income changes.
3. **Property:** Any property including: motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has gotten since you last reported and still has, whether it was bought, gotten through a trade or as a gift. The county will use this information to decide if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since you last reported.
4. **If You Move or Someone Moves Into or Out of Your Home:** Anyone (including newborns) who moved into your home since you last reported and is still there. You must also report anyone who moved out of your home or who has died since you last reported.
5. **Fleeing Felons and Probation/ Parole Violators:** The name of anyone in your household who is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime. The name of anyone in your household who has been found by a court of law to be in violation of probation or parole.
6. **Reduced Hours of Work:** If you are between 19 and 50 and you are not caring for minor children, you must report when your hours of work drop below 20 hours a week or 80 hours a month. You must also report if you know your work hours will drop below these limits during the next six months.

For Medi-Cal/34-County CMSP, you must report when:

1. Anyone enters or leaves a nursing home or long term care facility.
2. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
3. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

For Non-Assistance CalFresh Semi-Annual Reporting

If you only get CalFresh benefits you must report when:

1. Anytime that your household's total gross monthly income is more than the Income Reporting Threshold (IRT) for your household size. Your IRT is 130% of the Federal Poverty level for your household size. The county will tell you your IRT.
2. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

For CalWORKs you must report certain changes at other times:

In certain circumstances you will be required to report things (within ten days of the change) even if it is not your "report month" such as:

1. Anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for your family. The county will tell you your IRT. If your family only gets unearned income, you will only be required to report income on your Semi-Annual Eligibility Report (SAR 7) and your annual RD/RC (SAWS 2 PLUS).
2. Anytime that someone in your household becomes a fleeing felon or is found by a court to be in violation of probation or parole.
3. Anytime you move you must report your address change so that the county will know where to send your SAR 7 and other notices.

Reporting information voluntarily for CalWORKs and CalFresh Semi-Annual Reporting:

You may also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification.

Some examples of voluntary reporting that may cause your benefits to go up include:

- Your income stops or drops.
- Someone who has little or no income moves into your home (including a newborn).
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Additional examples for CalFresh only:

- A household member begins to pay court ordered child support for a child not living in the home.
- A household member is 60 or older.
- Any member who is disabled or 60 years of age or older has changes in or new medical expenses (if verified your CalFresh may change).

At anytime you can ask the county to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the county to discontinue certain benefits, such as: Medi-Cal or CalFresh. Receiving Medi-Cal/or CalFresh only will not count against your cash aid time limits.

Additional Information for CalFresh Only Households

If you receive only CalFresh benefits and you voluntarily report that someone has moved into or out of your home, the county will act on that change even if it results in a decrease to your CalFresh benefits.

Other changes for Semi-Annual Reporting:

There are other changes that will cause the county to decrease or discontinue your benefits during the period in which they happen. Here are some examples:

- An adult in the household reaches the CalWORKs 48-month time limit;
- A household member is sanctioned/penalized;
- A child reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household begins receiving benefits in another household;
- An eligible child is placed in Foster Care;
- Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

CALFRESH CHANGE REPORTING

For CalFresh Change Reporting, you must report when:

1. Your total monthly income starts, stops, or changes by more than \$50.
2. Anyone's source of income changes.
3. Anyone moves into or out of your home.
4. Anyone joins or leaves your household.
5. You move or you get a new address.
6. Your rent and utility costs **only** if you move.
7. If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
8. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.
9. Any member of your household is avoiding or running from the law to avoid any felony prosecution, custody or confinement after conviction, or is found by a court to be in violation of probation or parole.

For CalFresh Change Reporting, you may report when:

1. Anyone's physical or mental illness begins or ends.
2. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the USCIS.
3. You have changes in your dependent care costs.
4. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
5. Any household member starts to pay court ordered child support for a child not living in the home.

CalWORKs Annual Reporting for Certain Child-Only Cases (AR/CO)

Most CalWORKs cases where only the children get cash aid will only have to report once each year except for a few mandatory changes that must be reported within 10 days of when they happen. These cases are called Annual Reporting/Child-Only (AR/CO) cases. The County will tell you if you have an AR/CO case.

AR/CO cases will only have to report changes at their Annual RD, with the following exceptions:

- Anytime your family's combined gross income, both earned and unearned is more than the Income Reporting Threshold (IRT) for your family. The County will tell you in writing what your IRT is.
- Anytime someone moves into or out of your home. This includes newborns and children who are placed in foster care.
- Anytime you have an address change.
- Anytime that someone joins or is in your household becomes a fleeing felon or is found by a court to be in violation of probation or parole and it was not already reported.

CalWORKs AR/CO Cases Who Receive CalFresh

CalFresh households who are part of a CalWORKs AR/CO case will report semi-annually. See Pages 3 and 4 of this notice for semi-annual reporting responsibilities.

Voluntary Reporting Information for CalWORKs AR/CO cases and CalFresh Change Reporting Households

You can also report some changes voluntarily. Reporting some changes may help your cash aid go up. See page 4 of this notice for more information about voluntary reporting.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

IMPORTANT INFORMATION CASH AID ONLY

Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to get

The PE is the parent who has the most earnings in the past 24 months.

Homeless Assistance

You may be eligible for money to help pay for temporary shelter, permanent housing or to prevent eviction. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

Immunizations

You must provide proof when requested by the county that:

- children under the age of 6 have received age appropriate immunizations. (MPP Sections 40-105.4; 40-105.5).

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits
- is caring for an aided child(ren) who is not their child and the caretaker does not get cash aid.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your cash aid grant will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are situations where the rule does not apply. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

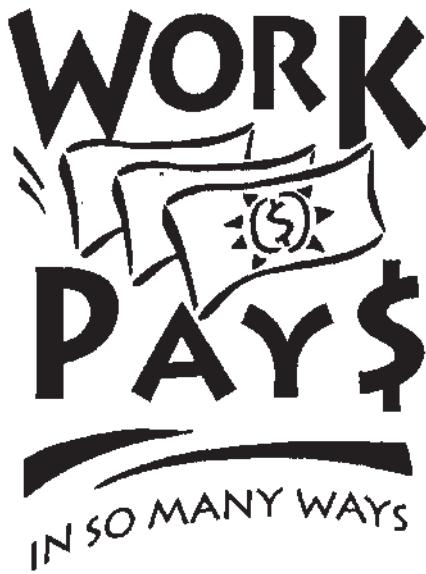
If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.

School Attendance

All children between the ages of six and 18 years of age who are getting aid must attend school.

If your child is between the ages of 16 and 18 years of age and is not attending school regularly, if he or she does not have a good reason, your grant can be lowered until he or she starts attending or meets an exemption.



Here's how **Work Pays**:

- Gives you more \$\$\$\$ to help support your family
- Builds a better life for you and your family
- Develops job skills
- Builds self-esteem
- Gives you personal satisfaction

You can work and still get cash aid:

- ✓ In most cases, when you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You may be eligible for **work related deductions**. When you add it up, you have more \$\$\$\$ for your family.
- ✓ When you have a **grant-based on the job training (OJT)** assignment, all or part of your cash aid payment is used by your employer to help pay your wages. You do not get work related deductions for grant based OJT wages.
- ✓ Either way, you may be eligible for child care costs that are paid to your provider.

See page 8 for facts about work and training rules, work incentives, including child care programs. Ask your worker for more facts about **Work Pays** and how **grant-based OJT** can work for you.

Remember, you can work and still get cash aid as long as you stay eligible and meet reporting rules in a timely manner.

Work and Training Rules

Your worker will tell you what cash aid and/or CalFresh work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, CalFresh, or both. More than one member of a household can be required to follow cash aid and/or CalFresh work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or CalFresh, as long as they remain eligible. But the amount of cash aid or CalFresh they get may change.

Cash Aid Work Rules

If you get cash aid and CalFresh benefits or just get cash aid, you will need to take part in certain Welfare-to-Work activities to keep getting your cash aid and CalFresh benefits. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare-to-Work activities include, but are not limited to, subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

Sanctions for Not Meeting Cash Aid Work Rules

Any time you don't meet cash aid work rules and you don't have a good reason, your cash aid will be stopped until you do what you should do. After your cash aid is stopped or reduced, you can only get it back again if you meet the work rules that you had stopped meeting or if you become excused. If your cash aid is stopped, your CalFresh benefits may also be stopped or reduced.

CalFresh Work Rules for Persons Not Receiving Cash Aid

If you only get CalFresh benefits, you may need to take part in certain employment and training activities to keep getting your CalFresh benefits. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The CalFresh work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

CalFresh Only Penalties

If you don't meet CalFresh work rules and you don't have a good reason, your CalFresh benefits will be denied or stopped for one, three, or six months, depending on the number of times you stop meeting the rules. After your CalFresh benefits are stopped, you can only get them again at the end of the penalty or sooner if you become exempt.

Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive CalFresh benefits and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 49, pregnant, or you are part of a CalFresh household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week or 80 hours a month in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week or 80 hours per month. During a period of 36 months, CalFresh benefits will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get CalFresh benefits for three months in a row without having to meet the rule. After that you can only get CalFresh benefits if you meet the work rule or get excused.

CalWORKs Income Disregards

The total amount of cash aid your family receives is based on your family size and any other income you may have. The law allows for some income to be disregarded when the total amount of cash aid you will receive is calculated.

- If your family gets more than \$225 a month of Disability Income (DI), only the first \$225 is disregarded.
- If your family gets \$225 a month or less of DI, none of it will be counted as income and if you also have Earned Income (EI), any remaining amount of the \$225 disregard, up to \$225, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is your net countable income and is the amount that will be used to figure your cash aid.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

OTHER IMPORTANT INFORMATION

CASH AID AND CALFRESH SEMI-ANNUAL REPORTING (SAR) HOUSEHOLDS

Budgeting Rules

The amount of cash aid and/or CalFresh benefits you can get depends on your income and allowable expenses. You will get a Semi-Annual Eligibility Report (SAR 7) to fill out six months after your application and after every annual redetermination/recertification (RD/RC). On the SAR 7, you will need to report what income and expenses you had in the report month and any known changes you will have in the six months after you turn in your report. The report month will be on the top of your SAR 7. The income and expenses you have in the report month and any known changes will be used to figure the amount of cash aid and/or CalFresh benefits you can get for those six months. Information that you put on the SAR 7 about the report month will be used for the next six months if you don't expect your income or expenses to change.

For example, if you turn in a SAR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May, June, July, August and September. If the income from February will stay the same, your cash aid and/or CalFresh benefits for April, May, June, July, August and September will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you'll get in those months to figure your cash aid and/or CalFresh benefit amount for each month of the semi-annual period. This method is called prospective budgeting.

CASH AID ANNUAL REPORTING (AR) CASES AND CALFRESH CHANGE REPORTING HOUSEHOLDS WITH A CALWORKS AR CASE

Budgeting Rules

Annual Reporting (AR) households will also use prospective budgeting except you will not have a regular report form like the SAR 7 for SAR households. AR households will report on their annual RD/RC forms any income, expenses and property they have and any changes they are sure will happen in the next 12 months. The information you provide will be used to figure your cash aid and CalFresh benefits for the next 12 months. There are some things that you will have to report within 10 days of when they happen. The mandatory reporting rules for AR cases and CalFresh change reporting households with an AR case are on page 5 of this form.

Property Limit

CalWORKs:

There is a \$2250 limit on the value of the property (e.g. bank accounts, stocks, etc.) that your family can own and be eligible to receive CalWORKs benefits. If someone in your family is at least 60 years of age or disabled the limit is \$3250. Your residence and furniture are not part of the limit. You can own a vehicle (for example a car, truck, van, motorcycle, etc.) as long as what it's worth minus what you owe is less than \$9,500. If it was given to you as a gift, a donation, or a family member transferred it to you, we do not count it. You will be asked to give the County proof from the Department of Motor Vehicles that it was a gift, donation or transfer from a family member. The vehicle will not count if used by your family for certain special reasons. Ask your worker what those reasons are. Your worker can explain to you how to figure the value of any vehicle.

CalFresh:

For recipients who get both cash aid and CalFresh benefits the CalWORKs property limits (above) will apply. If you only get CalFresh benefits, the property limit for households without an elderly or disabled member is \$2250. The property limit for households with at least one member who is age 60 or older or disabled is \$3250.

The property limits may not apply if your household's gross income is not more than the CalFresh Income Reporting Threshold (IRT) for your household size. Your CalFresh IRT is 130 percent of the Federal Poverty Limit for your household size. The county will tell you the amount of your household's IRT.

CASH AID ONLY

48-Month Time Limit

As of July 1, 2011 a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 48 months. All cash aid received from CalWORKs and/or cash aid received from Tribal TANF or any other state counts toward the 48-month total. Only cash aid received on or after January 1, 1998 counts toward the 48-month total. There are exceptions to this time limit and the limit does not apply to children.

Resources/Electronic Benefits Transfer (EBT)

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make your household ineligible for cash aid if your total countable resources are more than the allowable resource limits.

Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

CALFRESH ONLY

Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

MEDI-CAL/34-COUNTY CMSP ONLY

Spending Down Excess Property

- If you get or apply for Medi-Cal/34-County CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for 34-County CMSP if you sell or give away any property for less than its worth.

Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the state may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

Voter Registration: If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

PENALTY WARNINGS

Disqualification Penalties Cash Aid and CalFresh

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or CalFresh overissuance.

Program Rules and Penalties

I understand I am committing an intentional program violation which may also be a crime, if I give false or wrong information, or if I do not give all the information on purpose to try to get benefits (CalFresh, cash aid and Medi-Cal) that I am not eligible to get, or to help someone else get benefits that they are not eligible for, or if I misuse my benefits (this is called trafficking). If I do this on purpose and get more than \$950 in benefits I was not eligible for, I can be charged with a felony.

In addition, I understand I must pay back any benefits I get that I was not eligible for or that I misused.

<p>Program Violations</p> <p>For CalFresh: I understand I may have committed an intentional program violation if I do any of the following:</p> <ul style="list-style-type: none">• Use electronic benefit transfer (EBT) cards that belong to someone else or let someone else use my card• Give false information about who I am or where I live• Try to get dual benefits, for example, apply in two or more different counties or states at the same time• Submit false documents for children or adult household members who are not eligible or who do not exist• Violate conditions of my probation or parole• Flee after a felony conviction• Trade, buy, sell, steal or give away CalFresh benefits or EBT cards, or <u>attempt</u> to trade, buy, sell, steal or give away CalFresh benefits or EBT cards• Trade CalFresh benefits, or <u>attempt</u> to trade CalFresh benefits for: cash; firearms; non-eligible goods, tobacco, explosives, ammunition, controlled substances such as drugs or alcohol• Purchase (buy) a product with CalFresh benefits that has a return deposit, intentionally (on purpose) throw away the contents and return the container for the deposit amount, or <u>attempt</u> to return the container for the deposit amount• Buy a product with CalFresh benefits and intentionally resell it for cash or anything other than eligible food	<p>Penalties</p> <p>I may lose CalFresh benefits:</p> <ul style="list-style-type: none">• For one year for the first offense, two years for the second offense or forever• Be fined up to \$250,000, imprisoned (be sent to jail/prison) up to 20 years or both
<p>For cash aid: I understand I may have committed an intentional program violation and I may lose benefits if I do any of the following:</p> <ul style="list-style-type: none">• Give false information about who I am or where I live• Try to get dual benefits, for example, apply in two or more different counties or states at the same time• Submit false documents for children or adult household members who are not eligible or who do not exist• Violate conditions of my probation or parole• Flee after a felony conviction	<p>I may lose cash aid benefits:</p> <ul style="list-style-type: none">• For six months, one year, two years, four years, five years or forever• And be fined up to \$10,000 and/or sent to jail/prison for up to five years

APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A SAR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:
 Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS) _____

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION**I certify that the applicant/recipient appears to understand:**

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A SAR)

For cash aid:

- Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

APPLICANT/RECIPIENT CERTIFICATION**ELIGIBILITY WORKER'S CERTIFICATION**

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
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(APPLICANT/RECIPIENT'S INITIALS)

I certify that the applicant/recipient appears to understand:

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- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A SAR)

- For cash aid:

- Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMS 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

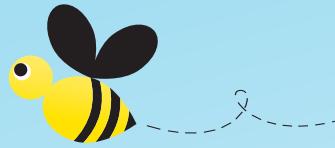
You can participate in California WIC if you:

- » Are pregnant, breastfeeding, or just had a baby in the past 6 months; or
- » Have children under 5 years of age including those cared for by a single father, grandparent, foster parent, step-parent or guardian; and
- » Have a low to medium income; and/or
- » Receive Medi-Cal, CalWorks (TANF) or CalFresh (Food Stamps) benefits; and
- » Live in California.

Check out our Website: www.wicworks.ca.gov

For the latest income guidelines and to find your local WIC office.

Where can I find WIC?



WIC has offices all over California. Call your local WIC office for an appointment and for locations near you. Many local WIC offices are open in the evenings and on Saturdays for working families!



Your local WIC office is:

To find the nearest WIC office, you can also call toll free **1-888-WIC-WORKS (1-888-942-9675)** or www.wicworks.ca.gov.



California Department of Public Health, California WIC Program
This institution is an equal opportunity provider.

1-800-852-5770  #910169 Rev 03/16

California
Families Grow
Healthy with
WIC



What is WIC?

WIC, the Women, Infants, and Children Nutrition Program, is a health education program that helps pregnant, postpartum and breastfeeding women, infants and young children eat well, be active, and stay healthy. WIC services are provided at no cost to you.



You take care of your family.
Let WIC take care of you.



WIC services include:

» Nutrition and health education

Information covered includes: prenatal nutrition, breastfeeding, eating tips for your child, parenting tips, healthy recipes, plus much more.

» Breastfeeding education and support

This support may include group classes, one-on-one support from a peer counselor or lactation specialist and loan of a breast pump.

» **Monthly checks** to buy healthy foods such as:

- ✓ Milk
- ✓ Yogurt
- ✓ Fruits and Vegetables
- ✓ Juice
- ✓ Eggs
- ✓ Cheese
- ✓ Cereal
- ✓ Dry beans or peas
- ✓ Peanut butter
- ✓ Canned tuna or salmon
- ✓ Whole grain breads, tortillas, pasta, or brown rice
- ✓ Baby foods
- ✓ Infant formula
- ✓ Tofu and soy milk

» Referrals

Help in finding healthcare and other community services.



*Working
families and
migrants are
welcome!*

EBT SURCHARGE FREE - DIRECT DEPOSIT HANDOUT

EBT Customer Service phone number: 1-877-328-9677 (this is the **only** customer service phone number for EBT in California. Any other phone number you are asked to call for EBT is likely a scam to steal your benefits. The EBT Customer Service phone number is on the back of your EBT card.

EBT client web site: www.ebt.ca.gov.

TTY (Telecommunications Relay Services for Hearing/Speech Impaired 1-800-735-2929.

You can get your cash aid by EBT or direct deposit; it's your choice! Tell your county worker which way you want to receive your cash aid.

You can switch from EBT to direct deposit or from direct deposit to EBT whenever you want. Tell your county worker and they will give you instructions. If you cannot use the EBT card or any part of the EBT system because of a disability, language limitation, lack of access, or other barrier, tell your county worker and they will determine whether you qualify for different ways to get your cash aid.

If you get your cash aid on the second or third day of the month, you may be able to get your cash aid on the first of the month, if you have a hardship. Tell your county worker why you need to receive your cash aid on the first of the month. If you get your cash aid by direct deposit, you will always receive your cash benefits on the first of the month.

If you have your EBT cash benefits taken out of your account due to electronic theft and you had your EBT card in your possession at the time of the theft, call (877) 328-9677 to cancel your EBT card immediately and contact your county worker. The benefits might be replaced if certain requirements are met.

Remember: CalFresh benefits are always issued on your EBT card and you should never be charged a fee when making a CalFresh purchase.

BEWARE OF EBT scams. A scam is the act of deceiving or misleading a recipient to give someone their account information that is then used to clone the recipient's card and steal the recipient's benefits. Scams happen by phone call, text message or website.

No one from the county, state, or federal government will ever ask you for your Personal Identification Number (PIN). Cashiers and grocery clerks will never ask you for your PIN. Keep your EBT card number and PIN secret.

Do not send photos of your EBT card or other forms of identification to anyone.

Below is information about EBT and direct deposit to help you choose which way you want to receive your cash aid.

IF YOU CHOOSE EBT

You can get cash by withdrawing at ATMs and by asking for cash back when you pay for purchases.

ATMs that are not surcharge free can charge you up to \$4 or more for each withdrawal. These fees add up quickly.

There is a map of surcharge free ATMs at <https://www.ebt.ca.gov/locator/index.html#/locator.page>. There is also a list of surcharge-free banks at www.ebtproject.ca.gov/Library/Cash_Access.pdf.

If you lose your EBT card or someone steals it, call customer service at (877) 328-9677 right away. A customer service representative will cancel your EBT card and help you get a new one. If benefits are taken by someone else before you can call customer service, your benefits will not be replaced.

The EBT system records where you use your card to withdraw cash and pay for purchases, but it does not record what you buy. You can review your transactions by calling (877) 328-9677 or to view your EBT account, go online to the EBT Client Website. Create a user name and password at <https://www.ebt.ca.gov/cardholder/#>.

IF YOU CHOOSE DIRECT DEPOSIT

You can get cash by withdrawing at your bank's ATMs and by asking for cash back when you pay for purchases.

You may withdraw cash **FREE** at your bank's ATMs; check with your bank. Getting cash back when you pay for purchases may be **FREE**; check with the store.

ATMs that are not your bank's can charge you \$4 or more for each withdrawal plus any fees that your bank might also charge. These fees add up quickly.

You can find your bank's ATMs by calling your bank's customer service number, visiting their website or by downloading their application onto your smart phone.

If you lose your ATM card or someone steals it, call your bank right away. Your bank will cancel your card and send you a new card. If someone steals and uses your card, you might lose some or all of the money spent. Contact your bank to find out more.

Your bank records where you use your ATM card to withdraw cash and pay for purchases. You can review your transactions on your monthly statement, by visiting your bank's website or by calling your bank's customer service line.

Please remember to keep your ATM card and your EBT card safe and never give your Personal Identification Number (PIN) to anyone.

CALFRESH ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD) TIME LIMIT EXEMPTION SCREENING FORM

Federal CalFresh rules say that you must work, volunteer, or participate in certain employment and training activities. If you do not, you may be limited to three months of CalFresh benefits in a 36-month period. Some people may be excused from these rules.

PLEASE COMPLETE THIS FORM AND SELECT **ALL** BOXES THAT APPLY TO YOUR SITUATION

Please give this completed form and any proof to your county at _____
(Address)

If you have questions or need help, call your county at _____
(Phone Number)

SECTION ONE: HOUSEHOLD INFORMATION

Name: _____

Address _____

Phone Number: _____ Case Number: _____

SECTION TWO: EXEMPTIONS

This section will help us determine if you are excused from these rules. If you are excused, you can get CalFresh for as long as you are eligible. Check all that apply to you and provide proof if you have it.

I have a physical or mental health issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month. Please provide more detail:

I have a personal issue that stops me from working at least 20 hours per week or a total of 80 hours or more per month because:

I am experiencing homelessness and I am unable to meet my basic needs (adequate shelter, heating and cooling, electricity, running water, food, and clothing).

I am in a drug or alcohol abuse treatment program, or I am struggling with a drug or alcohol problem.

Program name: _____

Give us proof if you have it. This can be any document that shows your participation in the program.

I am a victim of domestic violence.

Other. Please explain: _____

I live in a CalFresh household with a child under age 18 (this can be your own child, sibling, or any other child in your CalFresh household).

I am caring for a dependent child under age 6 (the child does not need to live with you).

I am caring for a person with a disability (the person does not need to live with you).

I am pregnant (any stage of pregnancy). Your due date (if known): _____

I go to school at least half-time (additional student rules may apply).

I am getting or have applied for unemployment benefits.

I am getting or have applied for disability benefits from any source (disability benefits include, but are not limited to: pensions, worker's compensation, disability insurance, Social Security, Supplemental Security Income, and veterans).

Type of disability benefits you get or have applied for: _____

None of the above

SECTION THREE: MEETING THE WORK REQUIREMENT

To meet the work requirement you must work, volunteer, or participate in certain employment and training activities for at least 20 hours per week or a total of 80 hours per month. In this section, please tell us if you are already doing an activity that meets the work requirement.

I am working at least 20 hours per week or a total of 80 hours or more per month including self-employment and in-kind work (work in trade for something else such as providing maintenance work for reduced housing costs).

Give us one of these types of proof:

- Last 30 days of pay stubs
- A signed and dated letter on your employer's letterhead with the expected weekly hours
- Proof of your self-employment (receipts, bank statements etc.)
- Proof of in-kind work

I am in a workfare or employment and training program.

Program name: _____

Total number of hours that you attend each week: _____

I am doing community service or volunteer work.

Organization name: _____

Total number of hours that you attend each week: _____

Give us one of these types of proof:

- A community service or volunteer form
- A signed and dated letter from the organization with the expected weekly hours

Doing a combination of any of the above for at least 20 hours per week or a total of 80 hours per month.

None of the above

Based on the information you provide, the county will tell you if you are excused or meeting the work requirement. If you have questions about this ABAWD form or need help completing it, contact your County right away at _____.

(Phone Number)

STATE LAW CHANGES THE CALWORKS EARNED INCOME DISREGARD

As of June 1, 2022, there are new rules in the CalWORKs program that may change your cash aid. When your grant is calculated, the amount you get is based on your household size and any income that you may have. The law allows for certain income to not be counted against your cash aid (income disregards). The law changes the Earned Income Disregard (EID). These changes could mean that your CalWORKs cash aid may increase.

In some cases, voluntarily reported changes may result in an increase in benefits for one program, while lowering benefits for the other program. For example, an increase in CalWORKs could result in lowering your CalFresh benefits.

The new way to calculate your CalWORKs cash aid will be:

- If your family gets more than \$600 a month of Disability-Based Unearned Income (DBI), only \$600 will be disregarded. (DBI can be Social Security disability, workers compensation, state disability benefits, etc.). The DBI over \$600 will be subtracted from your grant amount.
- If your family gets \$600 or less a month of DBI, none of the DBI will count when figuring your cash aid payment.
- If you also have earned income, any amount of the \$600 DBI disregard not already used, will not be counted as income when your cash aid is calculated.
- In addition, 50% of any remaining earned income will also not be counted.
- The remainder is your net countable income. This is the amount that will be used to figure your grant.

Below is an example of how cash aid is currently calculated in an Assistance Unit (AU) with only earned income.

A family with a mother and two children has gross earned income of \$1200 per month. The family lives in Region 1.

This example uses the previous \$550 EID:

\$1200	Gross earned income
<u>- 550</u>	EID
\$650	Subtotal
<u>- 325</u>	50 percent of EID
\$325	*Total countable income
\$925	**Maximum Aid Payment (Family of 3 in Region 1)
<u>- 325</u>	Total countable Income
\$600	Monthly grant amount

This is the same example using the higher \$600 EID:

\$1200	Gross earned income
<u>- 600</u>	EID
\$600	Subtotal
<u>- 300</u>	50 percent of EID
\$300	Total countable income
\$925	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 300</u>	Total countable Income
\$625	Monthly grant amount

* Total countable income is rounded down to whole dollar amounts.

**MAP is from All County Letter No. 21-87 effective October 1, 2021

Below is an example of how cash aid will be calculated in an AU with Disability-Based and earned Income.

A family with a mother and two children has gross earned income of \$1200 per month. Each child gets \$200 in disability benefits based on the absent parent's disability claim.

\$400	Disability-Based Unearned Income (DBI)
<u>- 600</u>	EID
(\$-200)	Unused DBI disregard
\$1200	Gross earned income
<u>- 200</u>	Unused DBI disregard (from above)
\$1000	Subtotal
<u>- 500</u>	50 percent of EID
\$500	Total countable income
\$925	Maximum Aid Payment (Family of 3 in Region 1)
<u>- 500</u>	Total countable Income
\$425	Monthly grant amount

These changes also apply to Refugee Cash Assistance, Entrant Cash Assistance, and Trafficking and Crime Victims Assistance (TCVAP cash assistance and TCVAP CalWORKs) recipients, since cash aid payments under these programs are based on CalWORKs amounts.

You will get a Notice of Action (NOA) showing how this grant increase was made. If you also get CalFresh, you may get less CalFresh benefits because of the grant increase. If so, you will get a separate notice telling you of your new CalFresh amount.

IMPORTANT INFORMATION FOR CALWORKS FAMILIES

State Law Increases the CalWORKs Time Limit to 60 Months

Starting May 1, 2022, the time limit for CalWORKs adults will change from 48 months to 60 months. If you are an adult who already used 48 months of CalWORKs, you may be able to get **12 more months**. For example, if you got 36 months of CalWORKs, you can get 24 more months. If you got 50 months of CalWORKs, you can get 10 more months.

Here's What You Need to Know:

- **If you are an adult who is currently getting CalWORKs for yourself:** You do not have to do anything. Keep reporting the way the county told you to report. If you want to know how many months of CalWORKs you have used, check the last time on aid notice you got or ask the county.
- **If you are a timed-out parent who got less than 60 months of CalWORKs and someone in your Assistance Unit (AU) gets CalWORKs:** If you live in the home and are the parent of a child who gets CalWORKs or Supplemental Security Income (SSI), you will be automatically added back to the AU on May 1, 2022, if you are eligible. You do not need to contact the county to be added back to the AU.
- **If you are a timed-out adult who got 60 or more months of CalWORKs:** You will not be added back to the AU on May 1, 2022. Your child(ren) can still get CalWORKs but you will remain timed-out. You may get CalWORKs past 60 months if you qualify for an extender. You can submit the [CW 2190A CalWORKs Time Limit Extender Request](#) form or contact the county to ask if you qualify.
- **If you are a timed-out optional adult and not getting CalWORKs for yourself:** Optional adults include grandparents, aunts, uncles and other caretaker relatives who get CalWORKs for a relative child. Optional adults who have timed-out may not be automatically added to the AU on May 1, 2022. Optional adults who want to be added must contact the county to ask if they are eligible. To be added you must meet eligibility rules and complete the [CW 8 Statement of Facts for an Additional Person](#) form.

IMPORTANT: If you are added back to the case, you will need to meet all eligibility rules. This includes following child support rules and Welfare to Work participation rules. Most AUs will see an increase in their monthly CalWORKs grant when a person is added. However, there may be times when there is no change or a decrease to the monthly CalWORKs grant. If you get CalFresh benefits the amount may be lowered when there is an increase of the CalWORKs grant. You will get a notice whenever there is a change to either your CalWORKs grant or CalFresh benefit.

A parent or caretaker relative cannot get CalWORKs if they already got CalWORKs for 60 months. Any aid you got from CalWORKs, another state's Temporary Assistance for Needy Families (TANF) program, or a Tribal TANF program after January 1, 1998 counts toward the 60-month time limit. There are exceptions to the CalWORKs time limit that will give you more months if you qualify. You can review the [CW 2184 CalWORKs 60-Month Time Limit](#) notice or ask the county for more information. There is no CalWORKs time limit for children.

ADDITIONAL INFORMATION ABOUT ELECTRONIC BENEFIT TRANSFER (EBT)

- If you move to a different County or out of State and you apply for benefits in that County or State, you will receive a new EBT card. If you have food stamp benefits left on your old EBT card, you will still be able to use them in your new location. Please remember to use all remaining benefits on your old card as soon as possible.
- If an EBT system error occurs and the wrong amount has been taken from your account, contact the toll-free Customer Service number (1-877-328-9677). Your claim will be investigated and, if you are entitled to a refund of food stamp or cash benefits, your account will be credited for the amount. If your claim is denied, you have the right to request a state hearing at your local welfare office.
- If you do not use your benefits for 180 days, you will not be able to use your benefits until you contact your County worker. If an additional 185 days has passed and you still have not used your benefits, your benefits will be removed from your account every month. Food stamp benefits will not be reinstated. Your cash benefits can be reinstated if you call your County worker.

SITUATIONAL/ADDITIONAL

CONFIDENTIAL DOMESTIC VIOLENCE INFORMATION

INSTRUCTIONS: Begin the questions with an introductory statement, “*I am going to ask you some questions to see if you might need help. There are several services available in Los Angeles County to help you keep your family safe free of charge if you are experiencing any of the issues below.*”

WHAT IS ABUSE? **ABUSE** is physical injury, emotional, mental, or verbal mistreatment by a current or past spouse or intimate partner. Below are some questions that will help you identify if you are/have been abused.

HAS YOUR CURRENT OR PAST PARTNER/SPOUSE:

- 1) Ever harmed you physically. For example, hit, slapped, punched, shoved, kicked, hit you with things, held you down, grabbed you around the neck, or otherwise hurt you?.....
- 2) Ever threatened you with a weapon to hurt you, kill you or child(ren) or family, or pets?.....
- 3) Ever abused you emotionally. For example, put you down, made you feel bad about yourself, degraded you in front of others, or blamed you for their behavior, or isolated/controlled most or all your daily activities?
- 4) Ever forced you to do something sexually that you did not want to do, or take part in unwanted sexual activity?.....
- 5) Ever stalked you. For example, followed you, made unwanted phone calls to you, or harassed you at work?....
- 6) Ever prevented you from going to work, school, religious services/activities, seeing/visiting family, or attending scheduled appointments?.....
- 7) Ever threatened to report you to Immigration/Fraud or other government agency?.....
- 8) Not give you money or enough money for needed items, or keeps earnings or checking/savings bank account information secret?.....
- 9) Makes you feel unsafe or afraid in your current relationship or from a previous relationship?.....

- a) **If you answered “Yes” to any of the questions,** you can get help in keeping you/family safe, such as:
 - ✓ Emergency help/emergency shelter
 - ✓ Counseling for you and your children
 - ✓ Information on how to be safe
 - ✓ Parenting classes, financial planning, etc.
 - ✓ Free legal help (restraining order, child custody, Immigration issues, etc.)
- b) **If you feel unsafe or afraid and/or are dealing with the effects of a past or current domestic violence,** we can connect you or refer you to talk confidentially to a professional about your domestic violence situation.
- c) **If the effects of a past/current abuse keep you from meeting any CalWORKs/Welfare-to-Work Program requirement,** you may at any time notify us (DPSS staff), and that may be **temporarily waived (excused)**, such as but not limited to, stop child support collection; stop the 48-month time limit; participation in GAIN; etc.
- d) **If you are residing in a domestic violence shelter and your current CalFresh household contains the abuser,** you may qualify for additional allotment of CalFresh benefits and open your own CalFresh household.

NOTE: If answered “Yes” to any question, complete Section A.

If “No” to all questions, complete Section B.

A. I declare under penalty of perjury that I am abused, have been abused, or fear being abused and:

I would like to be referred for domestic violence services.

I am currently receiving domestic violence services.

At this time, **I do not** want domestic violence services, but I understand that I can request services at any time. I also have been given information about domestic violence.

B. I declare that I have reviewed the information on this form with DPSS staff, and have been given information about domestic violence:

CAL-3, CalWORKs/WtW brochure

PA 1914, Domestic Violence Referral

Participant Name/Signature:

Date:

COUNTY USE ONLY

Did the applicant/participant disclose domestic violence (DV)? YES NO

YES NO If yes, referral date: _____

Is the applicant/participant requesting DV services?
Does the applicant/participant need immediate or expedited services?

YES NO If yes, disposition date: _____

Name of Person Reviewing This Form:

Title: _____ Date: _____

DEFINITIONS

Physical Abuse: Spits, slaps, shakes, shoves, pushes, throws, hits, restrains, beats, clubs, fights; or beats with an instrument, kicks, burns you or your children.

Sexual Abuse: Pressures you into sex, physically forces you into sex, sexually attacks you, follows these acts by violence, has affairs and shares the information about them with you and/or others.

Threats of Violence: Threatens to hurt or kill you, your family, friends, children, co-workers, suspected lovers, and/or pets; threatens you or others with guns, knives, or other weapons; forces you to do something illegal or to drop criminal charges.

Attacks on Property, Pets or Acts of Intimidation: Smashes, destroys belongings; tells you things such as: "you can be next"; performs acts that threaten to harm your reputation with co-workers, family, etc., (e.g., lying about you). Hurts pets. Soils, rips, tears, shreds or destroys your personal property (especially clothes or sentimental objects); makes you afraid by using looks or gestures, or by displaying a weapon.

Emotional or Mental Abuse: Makes you feel (or tells you) that you are stupid, fat, clumsy, ugly or worthless. Tries to make you feel guilty or 'crazy'. Embarrasses you; shares personal information about you with others. Makes fun of you or degrades you in front of others. *This is not just arguing, or domestic disagreements/fights, but a pattern of behavior meant to frighten and/or isolate you.*

Use of Children: Threatens to take the children and keep them from you; intimidates or abuses the children (which is reportable); forces the children to choose between you; puts the children in the middle of an argument.

Denies/Neglect: Denies you access to medical care: cancels doctors' appointments, refuses to purchase medication, withholds medication and will not let you see a doctor or dentist when you are sick or hurt. Neglects basic needs of family: food, housing, work, etc.

Isolation: Keeps you from seeing/visiting family and friends; won't let you talk privately with friends or family. Won't let you keep in touch with, write or call family or friends. Tells you who you can see or talk to; limits the amount of time you spend with or talk to family or friends. Does not allow you to participate in activities outside the home; controls what you read or watch on television.

Economic Abuse: Controls money; controls checking and savings accounts. Does not give you money or give you enough money for needed items; keeps earnings and bank account information secret. Refuses to work to support family; causes problems for you at work. Does not let you work.

Tactics of Power and Control: Tries to make the hitting or abuse seem unimportant to make it appear as if it is your fault. Denies or blames the abuse on you and/or others, coerces and/or threatens you and/or family members. Checks up on you, who you see and who you talk to. Checks your odometer. Makes you report everywhere you go and everyone you see. Withholds affection or threatens suicide.

Reporting to Government Fraud and/or Immigration Agencies: Threatens to report your behavior or immigration status to a government agency.

Stalking: Harasses, terrorizes, repeatedly follows you, makes unsolicited phone calls, sends you unwanted gifts or letters, destroys property.

Abuse of Immigrant Women: Threatens deportation; instills fear of U.S. justice system; threatens family in country of origin; invokes religious/cultural beliefs; prevents you from learning new language; denies you access to information about your rights; lies on legal documents; hides important papers (ID cards, passport); fails to file papers to legalize your status; threatens to take children from this country.



CHILD CARE — GENERAL INFORMATION

If you are a CalWORKs participant and you are employed or attending an approved Welfare-to-Work activity, you may be eligible for Stage 1 child care under the following CalWORKs programs:

- **GAIN (Greater Avenues for Independence)**
- **Cal-Learn**
- **Employed Individuals**
- **Refugee Employment Program**

CHOOSING CHILD CARE - You can choose a different kind of care for each child in your family:

♦ **Licensed Center Care:**

When child care is provided in a center setting, a license is required. Staff are required to have completed education in early childhood education.

♦ **Licensed Family Child Care Home:**

Small family child care homes are licensed for a capacity of up to 6, or if when certain criteria are met, up to 8. Large family child care homes are licensed for a capacity of up to 12, or if when certain criteria are met, up to 14.

♦ **License-Exempt Care:**

A license is not required for:

- ❖ Any person providing care for the children of one family in addition to the provider's own children;
- ❖ Any care and supervision of children by a relative or guardian;
- ❖ Certain public and private schools that operate a program before and/or after school for school-age children;
- ❖ Certain public and private youth organizations who provide development/enrichment programs;
- ❖ Certain public and private recreation programs;
- ❖ Cooperative arrangements between parents that involve no payments; or
- ❖ Child care provided on federal lands.

♦ **Before and After-School Programs for 11 and 12-year old children:**

The preferred placement for children of CalWORKs participants who are 11 to 12 years of age is with before and after-school programs which provide educational, literacy, tutoring and homework assistance. For more information and site locations, telephone your local Resource & Referral (R&R) agency listed on the next page.

QUALITY CHILD CARE - Guidelines to seeking the best care for your child:

- If the child care provider is not licensed and is not the child's aunt, uncle, or grandparent, is he or she willing to be registered with *Trustline*? (Those who choose to register with *Trustline* are able to provide proof of California Criminal History, Child Abuse Index and the FBI's National Crime Information Center background clearance.)
- Is the provider's home/building safe, clean, and well-kept? Are toys, books, puzzles, and games provided?
- Does the provider make you feel comfortable and welcome?
- Is there a verbal or written agreement that explains both your and the child care provider's responsibilities?
- If the provider is ill, can he or she refer you to another provider? Do you have a back-up child care provider?

QUALITY CHILD CARE - Guidelines to seeking the best care for your child: (Continued)

- Do you agree with the way the child care provider disciplines children? Are you comfortable with diaper change and/or toilet procedures?
- Are healthy meals/snacks provided? If your child needs a special diet, will the provider prepare those meals?
- What does the provider do in emergencies like earthquakes, fire, and illness?
- Are the locations, hours and cost over what CalWORKs will pay?

RESOURCE AND REFERRAL/ALTERNATIVE PAYMENT PROGRAM (R&R/APP) AGENCIES

If you need help locating a licensed child care provider, you may contact the local Resource and Referral agency in your area, shown below with an asterisk (*) in front of the agency's name.

***Center for Community and Family Services**
649 East Albertoni Street, Ste. 200
Carson, CA 90746
(310) 217-2800

City of Norwalk
12035 Firestone Blvd
Norwalk, CA 90651
(562) 462-1713

***Mexican-American Opportunity Foundation**
401 North Garfield Avenue
Montebello, CA 90640
(323) 890-9600

***Child Care Information Services- Pasadena**
2465 East Walnut Street
Pasadena, CA 91107
(626) 449-8221

***Connections for Children**
2701 Ocean Park Boulevard, Ste. 253
Santa Monica, CA 90405
(310) 452-3202

***Options**
13100 Brooks Drive #100
Baldwin Park, CA 91706
(626) 856-5900

***Child Care Resource Center**
San Fernando Valley
20001 Prairie Street
Chatsworth, CA 91311
(818) 717-1000

***Crystal Stairs**
5110 W. Goldleaf Circle, Ste. 150
Los Angeles, CA 90056
(323) 299-8998 Information
(323) 421-1028 Applications

***Pathways**
3550 West 6th Street #500
Los Angeles, CA 90020
(213) 427-2700

Antelope Valley
42281 10th Street West
Lancaster, CA 93534
(661) 949-0615

Drew Child Development Corporation
3737 Martin Luther King Jr. Blvd, Ste. 525
Lynwood, CA 90262
(310) 609-3885

***Pomona Unified School District**
1460 E. Holt Avenue, Ste.130A
Pomona, CA 91767
(909) 397-4740

***Children's Home Society of California**
330 Golden Shore, Ste. 20
Long Beach, CA 90802
(562) 256-7400

International Institute of Los Angeles
3845 Selig Place
Los Angeles, CA 90031
(323) 224-3800

YOUR RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

- To be informed of child care services at Intake (application), Redetermination (annual review) or when Welfare-to-Work plan activities begin or are changed.
- To be evaluated for eligibility to paid child care as a CalWORKs participant if you are employed or attending an approved Welfare-to-Work activity.
- **To choose the child care provider that is best for you and your children, and to be assisted.**
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint if you have been discriminated against.
- To have the right to file a fair hearing request when a negative action is taken and you believe it is incorrect.

YOUR RESPONSIBILITIES

- To have your child care provider submit a completed *Trustline* application TLR 1 and complete the Health and Safety Self-Certification CCP 4 form within 7 calendar days of the first day child care services begin, if he or she is not required to have a license (license-exempt), and he or she is not exempt from *Trustline* requirements. (Please see *Trustline* and Health and Safety Self-Certification/Facility Checklist section below.)
- To inform the County or local child care agency as soon as you have a need for paid child care. CalWORKs will help you pay for child care only after you request paid child care.
- To request paid child care within 30 calendar days from the first day you receive child care services from your provider, so that the provider can be paid for the services provided to you.
- To inform the agency of your child care needs on the ST1-05, Parent-Provider Child Care Services Agreement.
- To pay for any child care services received if your child care provider does not meet certain requirements.
- To give your worker the facts required, show proof of them as needed, and promptly report all income or other household changes within 5 days of the changes, or repayment may be required by your child care provider and you.
- To submit child care changes prior to making the change to ensure payment for the new arrangement (this includes child no longer receiving care, provider change, hours of care change, transferring to before or after-school program for 11 or 12-year olds, etc.).
- To agree to sign this form as an acknowledgment that information was provided to you and understood.

DUE PROCESS

Your child care Due Process rights and responsibilities are subject to changes through different CalWORKs child care stages as you move through your Welfare-to-Work plan. You will be notified of any changes which may affect you. Read all your notices closely and carefully.

TRUSTLINE AND HEALTH AND SAFETY SELF-CERTIFICATION/FACILITY CHECKLIST

Some license-exempt providers need to be fingerprinted and have a criminal background check. License-exempt providers who pass the criminal background check are registered with *Trustline*, a statewide database of child care providers that have no disqualifying criminal convictions. If you select a license-exempt provider who will provide child care **in your home or at another location** instead of a licensed center or family child care home, the following procedures **must** be followed:

- As of February 1, 2008, new license-exempt child care providers, except aunts, uncles, grandparents by blood, marriage, or court decree, and public schools or recreational programs, **must be *Trustline*-registered before any payments for subsidized child care services can be made.**
- When you ask for child care or request a change in child care providers, and the provider is not licensed, you will need that provider to show proof that he or she is *Trustline*-registered or has applied for *Trustline* registry. In addition, your child care provider must also fill out a Health and Safety Self-Certification CCP 4 form within 7 calendar days. Related providers need to complete a Declaration of Exemption CCP 1 form attesting to their relationship to the child for whom they are providing care.

TRUSTLINE AND HEALTH AND SAFETY SELF-CERTIFICATION/FACILITY CHECKLIST (Continued)

- The *Trustline* application TLR 1 and TLR 508 forms should be requested as soon as you request child care or **within 7 calendar days** from the date child care services begin.
- Your child care provider may contact the local Resource and Referral (R&R) office (see listing on page 2) to get a *Trustline* application TLR 1 and TLR 508 form, complete the *Trustline* application TLR 1 and TLR 508 form, and have his/her fingerprints taken at a LiveScan Integrated Biometric Technology site within 7 calendar days.
- The R&R agency will give you or your provider the name and address of the place where the LiveScan fingerprints are taken.
- The Health and Safety Self-Certification CCP 4 form is to be completed by you and your child care provider, and sent to your worker at the R&R/APP agency (see listing on page 2) **within 7 calendar days**. *For more Trustline information, you may call 1-(800)-822-8490.*

RETROACTIVE PAYMENT POLICY

- I understand that child care payments cannot go back more than 30 calendar days from the date I request paid child care from my worker. In order to receive paid child care, I must be determined eligible and my provider must meet certain requirements.
- I further understand that as of February 1, 2008, if I select a license-exempt provider who is required to be *Trustline*-registered, the provider must be registered before payment can be made. License-exempt providers who are *Trustline*-registered may be eligible for retroactive payment for up to 120 calendar days from the date the provider is *Trustline*-registered. If the *Trustline* registration is not completed or *Trustline* is denied, no child care payment can be made for this provider.

CHILD CARE PROVIDER SITE VISITS

I understand that County staff may be visiting the site where my child care is provided and that my provider is requested to cooperate in answering questions to certify hours of approved child care and verify the children's presence at the child care site when the County staff visits my provider's facility/home or my home where child care is provided during the hours when child care is approved. I understand my provider's lack of cooperation will not in and of itself result in interruption or termination of my child care.

CURRENT CHILD CARE NEEDS

- I need paid child care assistance at this time so that I can work or attend my approved Welfare-to-Work activity.
- I do not need child care at this time. I understand that I must request child care from the County or local R&R/APP agency, if I need it in the future.
- I certify that I will consider and evaluate if a before or after-school program will meet all, part, or none of my child care needs for my 11 or 12-year old child.

Signing this statement means I have read all of the above, am aware of the child care provider choices available to me, and have discussed the child care provider choice that is most applicable to my child care needs. I declare under penalty of perjury under the laws of the United States and the State of California that the information I provided on this page regarding my child care needs is true and correct to the best of my knowledge.

Signature of Applicant/Participant	Date	Case Name: _____
Signature of Eligibility Worker/GAIN Services Worker/CCM	Date	Case Number: _____
		File Number: _____

Filing Instructions: (Retain Permanently)
Original (White): Left side Activity Folder
First Copy (Yellow): Applicant/Participant
Second Copy (Pink): R&R/APP



Diversion



What is Diversion?

The Diversion program helps CalWORKs applicants avoid going on long-term aid by offering them a lump-sum of money (up to \$4,000) to help with a specific need that may threaten their job or chances of getting a job.

When can I get Diversion?

When you apply for CalWORKs, the Eligibility Worker will tell you about the option of receiving a lump-sum payment rather than going on regular CalWORKs. If you choose and are approved for Diversion, you are not officially on CalWORKs. It does not count against your time limit, unless you reapply for cash aid.

To get Diversion you must:

- have an unexpected, one-time problem;
- be eligible for CalWORKs financially, plus have a valid ID & proof of legal immigration status;
- have a steady work history, a good earning potential, or a good likelihood of finding a job;
- have stable housing and childcare (unless that is what you need help with);
- and not have any significant barriers to employment, such as problems with mental health or substance abuse.

However, even if you meet all of these requirements, the County still makes the final decision whether to grant your Diversion request. Also, keep in mind that if the County worker offers you the Diversion option, you do not have to accept it, and may choose to go on regular aid.

What counts as a need that Diversion could pay for?

These are some examples of what a Diversion payment could be used to pay for:

- an eviction notice
- car repairs or auto insurance
- Utilities bill
- Childcare expenses
- Or other work-related expenses

I am employed or have an immediate job offer, and

- I want to apply for cash aid.
- I want to apply for Diversion rather than cash aid. I need \$_____ for:
[] car repairs [] rent [] utilities bill [] childcare expenses [] other, explain_____

I am not employed nor have an immediate job offer and I understand that I do not qualify for Diversion.

How much help can I get?

*In L. A. County, the standard payment for Diversion is \$2,000, or three months of what your maximum aid would be. The size of the Diversion payment depends upon your particular need and the number of family members who are CalWORKs eligible. **There are limits on Diversion payments:** \$4,000 annually and \$10,000 lifetime.*

How soon can I get the Diversion payment?

- For an urgent need, the County should process the application within 3 days.
- A non-urgent need should be processed within 5 working days. Some Diversion requests require 2 estimates for the cost of the service or item needed; i. e. car repair. Within 10 working days after receiving the payment, you must provide proof, such as a receipt, that the money was spent as proposed.

If I get a Diversion payment, am I still eligible for help with childcare, CalFresh and other support services?

Yes, people receiving a Diversion payment are still eligible for other programs such as CalFresh and Medi-Cal. Diversion payments do not count as income when figuring CalFresh eligibility. Furthermore, participants are eligible for childcare for the length of the Diversion period. Domestic violence counseling services will be provided to Diversion participants if requested.

What if after getting Diversion, I still end up needing to go on regular aid?

If you need to reapply for cash aid during your Diversion period, you will either have to have the money deducted from your monthly payment or have the months deducted from your lifetime limit. If you reapply after your Diversion period is finished, you will have just one month deducted from your lifetime limit.

Signature_____ Date_____

**WOULD YOU LIKE TO REGISTER TO VOTE?
(VOTER PREFERENCE FORM)**

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

(Check One)

Already registered. I am registered to vote at my current residence address.

Yes. I would like to register to vote. (Please fill out the attached voter registration form.)

No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name

Date

Important Notices

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like to help in filing out the voter register form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 – 11th Street, Sacramento, CA 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

SCREENING FOR MENTAL HEALTH AND SUBSTANCE ABUSE
- FOR ELIGIBILITY WORKER (EW) USE ONLY-

EW INSTRUCTIONS: Ask the following questions of the participant. A “Yes” response to any of the following questions warrants expedition into GAIN for further screening and possible referral for a clinical assessment.

Begin the questions with an **introductory statement** such as:

“As part of the CalWORKs services available to you, I will ask you some questions about mental health and substance abuse to find out if you could benefit from receiving services in these areas.

Before we start the questions, I just want you to know that we ask these questions of everybody because we all have fears, worries or troubles that may lead to unwanted drug use, alcohol abuse, medical or social problems. Since problems like these make it hard for people to get or keep a job, these questions will help us decide whether a counselor should talk with you.

You may request to speak with a counselor even if we don’t find a referral necessary”

Mental Health Questions

	YES	NO
1. Do you have any feelings, fears or worries that interfere with your daily tasks and ability to work?	_____	_____
2. Do you have problems in getting along with others that make it hard for you to work?	_____	_____
3. Have you had thoughts of seriously hurting yourself or other people within the last 6 months?	_____	_____
4. Have you experienced any severe traumas such as the sudden death of a loved one, witnessed a violent crime, or been personally victimized within the last year that continues to bother or upset you?	_____	_____

Substance Abuse Questions

	YES	NO
5. Have you ever felt you should cut down on your drinking or drug use?	_____	_____
6. Have people annoyed you by criticizing your drinking or drug use?	_____	_____
7. Have you felt bad or guilty about your drinking or drug use?	_____	_____
8. Have you ever had a drink or used drugs first thing in the morning to steady your nerves?	_____	_____

Participant’s Name: _____ **Case Number:** _____

Did the participant answer yes to one or more questions? Yes No

If yes, provide the date that the participant was expedited into GAIN: _____

Service needed: Mental Health Substance Abuse

Eligibility Worker Name:	File Number:	Date:
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IMMUNIZATION GOOD CAUSE REQUEST FORM

CLIENT NAME	CASE NUMBER	DATE
-------------	-------------	------

All children on your CalWORKs grant who are under the age of six must have up-to-date immunizations. These are shots or vaccines. You must give us proof of the immunizations. If you have a good reason for not immunizing your child(ren), you do not have to have this proof. This is called "good cause."

List the child(ren) you are requesting good cause for:

Instructions: If you have a good reason for not immunizing your child(ren), fill out this form and indicate which child that you are claiming a "good cause" exemption for by placing the circled number below next to the name of each child listed above. Make a copy of the form for you to keep and mail or take the form back to your worker.

Circle the number that applies to each child listed above:

1. You do not believe in immunizing your child(ren).
2. The doctor said that your child(ren) should not be immunized. You will need to give us a statement from the doctor's office.
3. You could not get the immunizations because of transportation problems.
4. You could not get an appointment to get the immunizations.
5. The immunization your child(ren) needed was not available.
6. The doctor does not speak your language or there was another language access problem.
7. You or the child(ren) were sick and could not go to the doctor.
8. The records do not correctly show all the immunizations your child(ren) got and you are trying to correct the records. You will need to show us the corrected records.
9. You have other good cause reason, which is _____.

I declare under penalty of perjury that the above statement(s) is true.

CLIENT SIGNATURE	DATE	PHONE
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WORKER'S NAME	DATE	PHONE
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DEMOGRAPHIC QUESTIONNAIRE FOR CALWORKS, REFUGEE CASH ASSISTANCE (RCA), ENTRANCE CASH ASSISTANCE (ECA), TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP) AND CALFRESH PROGRAMS

Legal Name:

Case Number:

(Optional) Preferred Name and Pronoun(s):

The following personal information is optional and confidential. It is asked to make sure that benefits are given without regard to sexual orientation or gender identity. Your answers will not affect your eligibility or benefit amount. The law says the county must ask your sexual orientation and gender identity, but you are not required to answer. Your name and case number are only used to be sure the county asked you the questions. The county will only use this information for civil rights statistical purposes. You can ask the county for another form to change your responses at any time.

Check this box if you do not want to give the county information about your sexual orientation or gender identity. You can also select “decline to state” on each of the questions below.

1. OPTIONAL: What is your gender identity? Please check one that best describes your gender identity:

- Female** (assigned female at birth and identify as female)
- Male** (assigned male at birth and identify as male)
- Transgender female** (assigned male at birth and identify as female)
- Transgender male** (assigned female at birth and identify as male)
- Non-binary** (neither, both or a combination of male or female)
- Another gender identity**
- Decline to state**

2. OPTIONAL: What sex was listed on your original birth certificate? Please check one:

- Female**
- Male**
- Decline to state**

3. OPTIONAL: What is your sexual orientation? Please check one that best describes your sexual orientation:

- Straight or heterosexual** (attracted to people with the opposite gender)
- Gay or lesbian** (attracted to people with the same gender)
- Bisexual** (attracted to people with both the same and different genders)
- Queer** (do not identify with straight/heterosexual, gay/lesbian or bisexual)
- Another sexual orientation**
- Unknown**
- Decline to state**

CHANGES TO THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) ASSISTANCE UNIT AND CHILD SUPPORT RULES

The CalWORKs Assistance Unit and Child Support rules have changed.

Old Rule:

If you are getting CalWORKs for your child, in most cases, you must cooperate with the Department of Child Support Services (DCSS) for those children. That means that when your case is referred to DCSS and child support is collected, you will only get a maximum of \$50 per month in child support. This \$50 will not count against your CalWORKs grant. The rest of your child support is used to re-pay your cash aid.

New Rules:

Beginning November 1, 2018, you may choose to keep the child support collected for a stepsibling or half-sibling of a CalWORKs-eligible child, if it is more than the cash aid you would get for the stepsibling or half-sibling. If you want to keep the child support and not get cash aid for the stepsibling or half-sibling, you must tell your CalWORKs Eligibility Worker in writing. If you keep the child support, you will not get cash aid for that child and your cash aid may be lowered. The child support will not count against your CalWORKs grant. You will get a Notice of Action showing your new cash aid amount. You must have at least one child in your CalWORKs case to stay eligible.

Contact your CalWORKs Eligibility Worker if you want to keep the child support or have questions about the changes to the Assistance Unit and Child Support rules. Contact your Child Support Worker if you have questions about your child support.

CalFresh Changes:

Changes to your cash aid may change your CalFresh benefits. **You will get a separate notice if your CalFresh benefits change.**

You may need to provide a copy of your child support court order(s) and a copy of your child support Monthly Statements of Collections and Distributions to your CalWORKs Eligibility Worker if you want to keep the child support for your eligible child. If you do not have these papers, contact your local child support agency at 1-866-901-3212.

CW 52 - CHILD SUPPORT PAYMENT OPT-IN FORM

I, _____, certify I am the parent or caretaker relative of the child(ren) listed on this form and choose to keep the monthly child support I get for him or her instead of CalWORKs cash aid. I understand I can keep the monthly child support if I meet the conditions under numbers 1-3 below. I understand that the child(ren) will not be eligible to get CalWORKs cash aid unless I withdraw this request. These rules have been explained to me by my worker. I also certify and understand that:

1. The child(ren) listed is a stepsibling or half-sibling of an eligible CalWORKs child living in the same home;
2. The amount of monthly child support I get for the child(ren) is more than the monthly amount of cash aid I would get for him or her;
3. I have at least one CalWORKs eligible child remaining in the assistance unit;
4. I can withdraw this option when my semi-annual report (SAR) is due (if I am a SAR assistance unit), at annual redetermination or if the child support for the child lowers or stops. I cannot opt in again until my SAR report is due or at my annual redetermination appointment;
5. My request to opt in at application will be effective the date my cash aid is approved. My request to opt in or out at any other time will be effective the first of the month following my request after the county gives me a 10-day notice. If I opt out because the child support I get for my child lowers or stops, my grant may increase within 10 days from the day I show proof; and,
6. I have had my rights explained to me and have been given the written informing notice explaining the rules.

I choose not to get CalWORKs cash assistance for my child(ren) listed below, and instead, I wish to keep all of the child support I got for this child(ren):

Print Name of Child

Print Name of Child

Print Name of Child

- I understand my rights as explained to me.
- I understand the rules for choosing to keep my child support payment.

Case Name

Case Number

Signature of Parent or Caretaker Relative

Date

Signature of Eligibility Worker

Date

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print name of applicant (the applicant is the person who wants Medi-Cal)	Date
Print name of person acting for applicant	Relationship to applicant

SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive full Medi-Cal benefits.

Aliens who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits limited to emergency and pregnancy-related services (if they are not in a satisfactory immigration status).

Satisfactory immigration status and full Medi-Cal benefits for aliens: Federal and state law provide that *full* Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements **including California residency**. Aliens are in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-688) or lawful permanent residents or permanently residing in the U.S. under color of law (PRUCOL). **The 16 PRUCOL categories are listed in SECTION B, question 5 below.**

Documented aliens not in a satisfactory immigration status who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

Undocumented aliens who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

Citizenship/immigration status information: Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential and cannot be used by the INS for immigration enforcement unless you are committing fraud.

Alien status documents and verification requirements: Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

Social Security number requirement: Every person requesting Medi-Cal who has a Social Security number is asked to provide it to the county welfare department. U.S. citizens, U.S. nationals, and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens in satisfactory immigration status for Medi-Cal purposes who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes No

If the applicant is a citizen or a national of the United States, where was he/she born? _____
(city, state)

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D. IF YOU ANSWER "NO" TO QUESTIONS 2, 3, OR 4 BECAUSE THOSE CATEGORIES DO NOT APPLY TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMATION CAN ONLY BE USED FOR MEDI-CAL PURPOSES AND CANNOT BE USED BY THE INS FOR IMMIGRATION ENFORCEMENT UNLESS YOU ARE COMMITTING FRAUD.

2. Is the applicant an amnesty alien with a valid and current I-688? Yes No

3. Is the applicant a lawful permanent resident? Yes No

4. Is the applicant a PRUCOL alien? Yes No

IMPORTANT: All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:

- A conditional entrant admitted to the United States before April 1, 1980
- An alien paroled into the United States, including Cuban/Haitian entrants

- An alien subject to an Order of Supervision
- An alien granted an indefinite stay of deportation
- An alien granted an indefinite voluntary departure
- An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- An alien who has properly filed an application for lawful permanent resident status
- An alien granted a stay of deportation for a specified period
- An alien granted asylum
- A refugee admitted to the United States since April 1, 1980
- An alien granted voluntary departure who is awaiting issuance of a visa
- An alien in deferred action status
- An alien 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)
- An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- An alien granted withholding of deportation pursuant to INA Section 243(h)
- An alien, 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

SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)

IMPORTANT: Complete this section only if you answered "yes" to questions 2, 3, or 4 in SECTION B on the front of this form.

1. Alien Registration number and/or Alien Admission number (INS Form I-94): _____

2. Date the applicant first entered the United States: _____

3. Applicant's name when he/she first entered the United States: _____

4. Of what country is the applicant a citizen: _____

5. Where was the applicant born: _____

SECTION D: SOCIAL SECURITY NUMBER

Does the applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration status, and who do not have an SSN, can still get restricted Medi-Cal if they meet all eligibility requirements.)

Yes, the applicant's Social Security number is: _____

No

SECTION E:

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.

Applicant signature	Date
Signature of person acting for applicant	Date

FOR COUNTY USE ONLY

EW number: _____ County: _____ Date: _____

Action taken:

- None necessary.
- SAVE primary verification performed. Date: _____
- Document Verification Request (INS Form G-845) and copies of documentation of satisfactory immigration status sent to INS. Date: _____
- Full Medi-Cal benefits were granted pending verification of immigration status.
- Copies of alien status documents are in the case file.
- Person referred to INS to obtain replacement documents. Date: _____

COUNTY DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.

Based on the information provided on this form:

- The above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would receive **FULL** Medi-Cal benefits.
- The above named applicant is an alien, who, if otherwise eligible, would receive **RESTRICTED** Medi-Cal benefits.

AFFIDAVIT

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } ss.

I, _____, living at _____, Los Angeles County California, certify through my signature that the statement given below is true and correct to the best of my knowledge and belief: _____

SIGNATURE _____

ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE PENALTIES PRESCRIBED FOR PERJURY IN THE PENAL CODE BY THE STATE OF CALIFORNIA, SEC. 11054 OF THE W. & I. CODE.

WITNESSED AND VERIFIED BY

TITLE

DATE

TAX SEASON

Claim Your 2021 State and Federal Credits



IT'S YOUR MONEY You Earned It!

THE STATE AND FEDERAL EARNED INCOME TAX CREDITS (EITCs) are special tax breaks for people who work full- or part-time. This means extra cash in your pocket. **If you have income from work, you can file your returns and claim your EITC refunds, even if you don't owe any income tax.** You can also file amended federal returns for the previous three years and amended state returns for the previous four years, if you did not claim your EITC or Child Tax Credit (CTC) in prior years. There is no late filing penalty if you do not owe any taxes in the prior years.

The EITC refunds are not counted as income when your CalWORKs, CalFresh or Medi-Cal benefits are calculated. Ask your eligibility worker for more details.



IT'S YOUR MONEY
GET IT!
Cal EARNED INCOME TAX CREDIT

CALIFORNIA EITC (CalEITC) requires filing your state tax return (form 540 2EZ or 540) and form FTB 3514. CalEITC is available for working individuals at least 18 years of age or older; there is no age requirement for qualifying children of working individuals. Tax filers must be living in California for at least six months of the current tax year to qualify. **Starting in the 2020 tax year, CalEITC eligibility can be claimed by taxpayers who have either a Social Security Number or Individual Taxpayer Identification Number.**

2021 CalEITC Income Limits

Number of Qualifying Children	State EITC Income Limits	State EITC Maximum Credits
None	\$30,000	\$255
1	\$30,000	\$1,698
2	\$30,000	\$2,809
3 or more	\$30,000	\$3,160

FEDERAL EITC requires filing your federal tax return (form 1040EZ, 1040 or 1040A) and the Schedule Earned Income Credit. For the 2021 tax year only, filers must be at least 19 years old, but under 65 years old at the end of the tax year to qualify. The age limit does not apply if you have a qualifying child.

2021 Federal EITC Income Limits

Number of Qualifying Children	Single, Head of Household or Widowed	Married Filing Jointly	Federal EITC Maximum Credits
None	\$21,430	\$27,380	\$1,502
1	\$42,158	\$48,108	\$3,618
2	\$47,915	\$53,865	\$5,980
3 or more	\$51,464	\$57,414	\$6,728

Child Tax Credit and Young Child Tax Credit

The American Rescue Plan Act of 2021, advanced half of the federal Child Tax Credit for the 2021 tax year. The federal Child Tax Credit is \$3,600 per qualifying child under the age of 6 and \$3,000 for each child age 6 to 17. Families must have at least one child under the age of 17 at the end of the tax year and must file a federal tax return. Eligible families received \$300 per month for each child under the age of 6 and \$250 per month for each child age 6 to 17, starting July 2021 thru December 2021. For more information visit GetCTC: <https://www.getctc.org/en>

The California Young Child Tax Credit is up to \$1,000 per family. Families must have at least one child under 6 years old at the end of the tax year, qualify for CalEITC, and must file a California state tax return.

GET FREE TAX HELP

- CalFile for filing state taxes online at Franchise Tax Board: (800) 852-5711 www.ftb.ca.gov/file/ways-to-file/online/calfile/index.asp
- EITC calculator and free tax return preparation locations: www.ftb.ca.gov/caleitc
- EITC Assistant through the Internal Revenue Service: www.irs.gov/
- Volunteer Income Tax Assistance (VITA) locations: www.irs.gov/vita
- American Association of Retired Persons (AARP) Tax Aide Program: <https://taxaideqa.aarp.org/hc/en-us>
- File your federal and state tax returns for free online: www.MyFreeTaxes.org

Claim Your 2021 State and Federal Credits



IT'S YOUR MONEY



IT'S YOUR MONEY
GET IT!
Cal EARNED INCOME TAX CREDIT

YOU EARNED IT!

THE STATE AND FEDERAL EARNED INCOME TAX CREDITS (EITCs) are special tax breaks for people who work full- or part-time. This means extra cash in your pocket. If you have income from work, you can file your returns and claim your EITC refunds, even if you don't owe any income tax. You can also file amended federal returns for the previous three years and amended state returns for the previous four years, if you did not claim your EITC or Child Tax Credit (CTC) in prior years. There is no late filing penalty if you do not owe any taxes in the prior years.

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- EITC calculator and free tax return preparation locations: www.ftb.ca.gov/caleitc
- EITC Assistant through the Internal Revenue Service: www.irs.gov/
- Volunteer Income Tax Assistance (VITA) locations: www.irs.gov/vita
- American Association of Retired Persons (AARP) Tax Aide Program: <https://taxaideqa.aarp.org/hc/en-us>
- File your federal and state tax returns for free online: www.MyFreeTaxes.org

Starting with the 2020 tax year, CalEITC eligibility can be claimed by taxpayers who have either a Social Security Number or Individual Taxpayer Identification Number. The EITC refunds are not counted as income when your CalWORKs, CalFresh or Medi-Cal benefits are calculated. Ask your eligibility worker for more details.

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