

# GENERAL RELIEF FORMS

**INFORMATIONAL**



### 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:**

Complete the Direct Deposit sign up form and attach a **voided check** or have your bank complete Section 2 of the form.

**NOTE: DO NOT SIGN OR ENDORSE THE VOIDED CHECK.**

**IF YOU DON'T HAVE AN ACCOUNT IN YOUR NAME:**

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:"

**BANK PRODUCT INFORMATION\*\***

BANK	MONTHLY FEES	ATM FEES	MONTHLY MINIMUM BALANCE	MINIMUM DEPOSIT REQUIRED TO OPEN ACCOUNT
<b>CHECKING ACCOUNT</b>				
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
<b>SAVINGS ACCOUNT</b>				
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.



## INFORMATION SHEET

### GENERAL RELIEF

**PURPOSE OF THIS FORM:** This outlines all aspects of the General Relief (GR) Program. This is for you to understand the program and to refer to if you have questions.

General Relief (GR) helps people in need. It is for people who do not qualify for other State or federal cash assistance programs. Los Angeles County funds GR and it includes:

1. A monthly cash grant of:
  - o For 1-person: \$221.
  - o For 2-people who apply together: \$375.
2. Access to the Federal Qualified Health Center for assessment services.
3. See the full list of benefits below.

#### **ELIGIBILITY**

You are eligible for GR if these are **all** true:

1. You live in Los Angeles County.
2. You are at least 18 years old.
3. Your monthly net income\* is less than:
  - o For 1-person: \$221.
  - o For 2-people who apply together: \$375.

\* Net income is any income you earn after all state and federal deductions. This includes:

  - o Income from a job of any type.
  - o Unemployment Insurance Benefits (UIB).
  - o State Disability Insurance (SDI).
  - o Veteran's benefits.
4. Your personal property (stocks, bonds, insurance policies, etc.) is worth less than:
  - o \$2,000 per household.

**Note:** You may own one motor vehicle valued at up to \$4,500. If you are homeless and use your motor vehicle as a residence, you may own one motor vehicle valued at up to \$11,500.

5. The cash you have, plus the money in your bank account is less than:
  - o \$100 per adult.
  - o \$200 limit for 2 people who apply together.
6. If you are a home-owner, your home is worth \$34,000 or less.
  - o Note that you must sign a lien that will allow the County to recover any GR paid to you.

You are **not** eligible for GR if any of these are true:

1. You are a home-owner and your home is worth more than \$34,000.
2. You are violating your probation or parole.
3. You are fleeing to avoid prosecution or custody/confinement after a felony conviction.
4. You have applied for GR under more than one Case Number.
  - o 1st time: you are ineligible for six months.
  - o 2nd time: you are ineligible for 12 months.
  - o 3rd time: you will always be ineligible.

**GR BENEFITS****1. Emergency Aid**

If you are eligible for GR, you may be able to get emergency aid while your application is being processed. Emergency Aid can include:

- o Payments\* to prevent eviction or utility shut-off.
- o Payments\* to restore utilities.
- o Meal and housing vouchers if you are homeless.
- o Transportation funds for seeking jobs and for verified medical appointments.
- o A Personal Care Kit including items such as soap, shampoo, comb, razor, etc.
  - If you get a Personal Care Kit, your first month's grant will be \$5.00 less to pay for these items.

\* Payments cover costs from up to 30 calendar days before the date of your GR application.

**2. Grant**

Once approved, your monthly cash grant can be paid in the following ways:

- o An Electronic Benefit Transfer (EBT) card.
- o Direct Deposit.
- o Vendor Payment:
  - You indicate that the landlord requires direct payment;
  - You/landlord requests direct rent vendor payment to prevent eviction; or
  - You received a written or court-ordered eviction notice (or Notice to Quit). Note that this applies even if the notice was from different landlords or providers.
- o A check sent through the mail.

**3. Special Needs**

If you and other members of your family are eligible for GR, you may also be eligible for more help.

Examples of more help due to special needs include:

- o Transportation to look for work.
- o Transportation to visit your doctor.
- o Special/therapeutic diet allowance as verified by a doctor.
- o Tools needed when starting a new job.

If you think you have a special need, ask anyone who works at DPSS to help you. Note that the process for having your needs met will vary depending on the nature of your need.

**4. Health Care**

If you are applying for or receiving GR, you may be eligible for Medi-Cal.

**5. Mailing Address**

If you are homeless, you may use the district office where you applied for GR as your mailing address to receive DPSS-related mail. If you do this, you will need to pick-up your mail at least once a week.

**6. Note**

DPSS processes your application in the district office where you apply. Once approved for GR, your assigned district office will be the office closest to your mailing address. This may be a different office than where you applied.

**REQUIREMENTS ONCE YOU START TO GET GR****1. Work**

If you can work now, or if you become able to work in the future:

- o You must take part in the General Relief Opportunities for Work (GROW) Program.
  - GROW helps people find work.
  - A GROW orientation appointment will be scheduled for you.
  - To receive GR, you must attend a GROW orientation and meet with a GROW Worker.
  - You will receive help with transportation while attending GROW.
  - **You can receive nine months of GR benefits in a 12-month period as long as you continue to take part in GROW.**



- o You cannot quit or be fired from a job.
- o You must accept employment services offered by DPSS-approved projects. You must attend all scheduled interviews, appointments, job preparation classes, and other activities.
- o You must accept referrals, attend interviews, and accept any offer for a job or training program.
- o Failure to do any of the above may trigger an end to your GR.

2. **Substance Abuse Program**

As part of the GR application process, you will be screened for potential drug/alcohol abuse. If you are found to have a substance problem:

- o You must attend a county-approved Mandatory Substance Use Disorder Recovery Program (MSUDRP).
- o DPSS can deny, stop or sanction your GR cash grant if you do not meet the MSUDRP requirement.

3. **Non-Compliance**

If you do not meet a requirement, this is called a non-compliance. **Willful** or **negligent** non-compliance(s) without **Good Cause** may end your GR grant for a period. This is called a sanction. If you are sanctioned, you will receive a notice letting you know how long you must wait before receiving GR again. The wait period can be 0, 30 or 60 days. The amount of time is based on the number and types of non-compliance in the prior 12 months.

Your GR will not stop if any of the following are true:

- A. You have not been on GR cash aid for three months in the past year.
- B. You make a mistake (are negligent) only once in 12 months.
- C. You have Good Cause for not meeting the GR obligations.

The below chart provides examples of how non-compliances may affect your GR:

Type	What does it mean?	Example	How it affects your GR?
Good Cause	Situation was not in your control.	<ul style="list-style-type: none"> <li>• You were sick.</li> <li>• You had to go to court.</li> <li>• A close family member died.</li> </ul>	<ul style="list-style-type: none"> <li>• Your GR will <u>not</u> stop.</li> <li>• You will <u>not</u> have a sanction.</li> </ul>
Negligent Action	You did not meet GR obligations because you made a mistake or used bad judgment.	<ul style="list-style-type: none"> <li>• You did not set your alarm and overslept.</li> <li>• You simply forgot.</li> </ul>	<ul style="list-style-type: none"> <li>• Your GR may not stop.</li> <li>• You will have one strike on your record.</li> <li>• Three strikes mean your GR cash aid will stop.</li> <li>• Three strikes will also count as a sanction.</li> </ul>
Willful Action	You did not comply on purpose.	<ul style="list-style-type: none"> <li>• You decided not to complete the MSUDRP.</li> </ul>	<ul style="list-style-type: none"> <li>• Your GR cash aid will stop.</li> <li>• This will count as a sanction.</li> </ul>

**INCOME AND SAVINGS**

1. You may continue to receive GR if your monthly net income (without your GR grant) is less than:
  - o For 1-person: \$621 per month.
    - **Note:** If your monthly income is between \$201 and \$620, the amount of your grant will be lower than \$221/month.
2. You may continue to receive GR if your savings is up to \$1,500.
  - o This includes cash, plus the money in your bank account.
  - o This same limit applies whether you are one-person or a couple who receives GR.

**ILLNESS AND DISABILITIES**

1. If you, your spouse or domestic partner are sick or disabled and unable to work:
  - o You can receive GR if your doctor determines you cannot work.
  - o If you do not have a doctor, DPSS will refer you to a medical facility to determine if you can work.
  - o You must apply for other disability benefit programs if you seem to be eligible for them. These include:
    - Social Security Disability.
    - State Disability Insurance.
    - Supplemental Security Income (SSI).



- o SSI/SSP benefits with the Social Security Administration, if you are permanently disabled and cannot work.
  - While the SSI/SSP eligibility is pending, you may be able to receive GR.
  - If your SSI/SSP application is denied, you must appeal the decision.
  - If you need help with your application for SSI/SSP, ask your DPSS worker for more information. This includes help filing an appeal if you are denied.
- 2. If you are getting GR and you or your spouse or domestic partner is admitted to a medical facility\*:
  - o You will not be eligible for GR beginning on the month after the admittance.
    - EXAMPLE: You are admitted to the hospital on June 2. Your GR benefits will end on June 30.
    - You may re-apply for GR after you are discharged.
  - o You will be eligible for a one-month housing allowance if you continue to meet GR eligibility and:
    - Your doctor expects you to return to where you live.
    - You expect to return before the end of the month following the month you enter the medical facility.
      - EXAMPLE: You are admitted to the hospital on March 12. Your doctor expects you to return to your home by the end of April. In this case, you may be eligible for the one-month housing allowance.
  - o Medical Facility are in-patient facilities, and includes:
    - Hospitals.
    - Nursing homes.
    - In-patient mental health facilities.
    - Hospices.
    - Intermediate care facilities.

### **THE DPSS APPOINTMENT SYSTEM**

Each GR office has an appointment system. To make or change an appointment, call the **Customer Service Center** at 866-613-3777. Be sure to arrive on time for your appointments. Large number of clients come to DPSS offices each month. Many people are in emergency situations that can take hours to resolve. If you miss, or are late to an appointment, you may:

- Delay the service we can give you.
- Cause a delay in our service to others.

Please call the **Customer Service Center** 866-613-3777 to cancel if you cannot make an appointment or if you will be late. You will be able reschedule your appointment on this call.

**Note:** Your DPSS worker may make an appointment with you to finish your GR application. If you skip this appointment and you do not let DPSS know beforehand, your application may be denied. If you are still in need, you would have to start the application process again.

### **IF YOU GO TO JAIL**

You must let your DPSS worker know if:

- You go to jail.
- You get out of jail.
  - o Your GR benefits may end if you do not tell your DPSS worker.
  - o You must provide jail release papers.

### **DPSS RESPECTS YOUR PRIVACY**

The information you give us is confidential. We will not share your information with anyone without your consent UNLESS:

- There is a felony arrest warrant for you or a member of your family.
- A member of your family dies.

In these cases, we may share identity, telephone number, and address information with the police.

### **YOUR RIGHTS**

For a full list of your rights, please see the **General Relief Rights and Responsibilities** document.



## 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  
907<sup>th</sup> 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  
907<sup>th</sup> Street, Suite 10-100  
San Francisco, California 94108  
Telephone No. : (888) 271-5983

INSTRUCTIONS FOR STATE HEARING ON REVERSE



(REVERSE SIDE)

**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

**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 LA**

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.

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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

# Department of Motor Vehicles (DMV)

## Reduced Fee for California Identification (ID) Cards

If you **are receiving** any of the following assistance benefits:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
  - Refugee Cash Assistance (RCA)
- Kinship Guardianship Assistance Payment Program (Kin GAP)
  - Food Stamps
  - California Food Assistance Program (CFAP)
  - Supplemental Security Income (SSI)
- Cash Assistance Program for Immigrants (CAPI)
  - General Relief (GR)

you may be **eligible to the \$7.00 (reduced fee) DMV California ID card!!**

Ask your (Eligibility, GAIN, or IHSS) worker to complete the DMV form, **DL 937**, for you and any eligible family member in the assistance household to take to a DMV field office. You can find a list of **general requirements** for the California DMV ID Card on the backside of this flyer. For additional information OR if you have any questions, **please refer to the California Driver Handbook, OR the DMV website at [www.dmv.ca.gov](http://www.dmv.ca.gov), OR call toll free, 1-800-777-0133.**

**PLEASE NOTE: THE REDUCED FEE DOES NOT APPLY TO A DMV DRIVER LICENSE.**

## IDENTIFICATION (ID) CARDS

DMV issues ID cards to persons of any age. The ID card looks like a driver license, but is used for identification purposes only. A regular ID card is valid for six years and a senior citizen ID card is valid for 10 years. To qualify for a senior citizen ID card, you must be age 62 or older. DMV issues two types of ID cards: a regular ID card valid for six years and a senior citizen ID card valid for 10 years. To qualify for a senior citizen ID card, you must be age 62 or older. To apply for an ID card you will need to do the following:

- Visit a DMV office (make an appointment for faster service);
- Complete the application form DL 44;
- Give a thumb print;
- Have your picture taken;
- Provide your social security number, which will be verified with the Social Security Administration while you are in the office;
- Verify your **BIRTH DATE** and **LEGAL PRESENCE** (you may use your California driver license); and
- Pay the application fee. (No fee for a senior citizen ID card.)

Check your address before you leave DMV and tell the DMV representative if your address is incorrect. Your new ID will be mailed to you within 60 days. If you have not received your ID after 60 days, call 1-800-777-0133 to check the status. Have your receipt and/or old ID card with you to provide information when requested. DMV will exchange a valid license for a no-fee ID card to drivers who are no longer able to drive safely because of a physical or mental condition.

## BIRTH DATE VERIFICATION AND LEGAL PRESENCE REQUIREMENTS

The issue of identification reliability, integrity, and confidentiality is of prime concern to all citizens. Eligibility for government services, issuance of various licenses, assessment of taxes, the right to vote, etc., are all determined through evaluations based on identification documents. It is critical that identification documents be authenticated and accurate in identifying each individual. The California driver license and ID card have been declared as primary identification documents in this State by the California legislature.

State law requires every applicant for an original California identification (ID) card and driver license to show verification of birth date and proof of legal presence within the United States to help safeguard the accuracy and integrity of departmental documents. If your current name no longer matches the name on your birth date/legal presence document, please contact your local DMV office for additional information. Only the original or a certified copy of one of the following documents is acceptable:

- U.S. Birth Certificate or Report of Birth Abroad;
- Federal Proof of Indian Blood Degree;
- INS American Indian Card;
- Birth Certificate or passport issued from a U.S. Territory;
- U.S. Passport;
- U.S. Military Identification Cards (Active or reserve duty, dependent, retired member, discharged from service, medical/religious personnel);
- Common Access Card (only if designated as Active military or Active Reserve or Active Selected Reserve);
- Certificate of Naturalization or Citizenship;
- Northern Mariana Card;
- INS U.S. Citizen ID Card;
- Permanent Resident Card;
- Temporary Resident Identification Card;
- Canadian Passport/Birth Certificate;
- Non-resident Alien Canadian Border Crossing Card;
- Valid foreign passport with a valid Record of Arrival/Departure (form I-94);
- Certification from California Department of Corrections or California Youth Authority;
- Employment Authorization Card;
- Permanent Resident Re-entry Permit;
- Refugee travel document;
- "Processed for I-551" stamped in a valid foreign passport;
- Valid I-94 stamped "Refugee," "Parole or Parolee," "Asylee," or Section 207, Section 208, Section 209, Section 212d(2), HP or PIP;
- Immigration judge's order granting asylum;
- Certified court order or judgment issued from a court of competent jurisdiction;
- Valid I-94 with attached photo stamped "Processed for I-551 temporary evidence of lawful admission for permanent residence";
- Notice of Action (I-797 Approved Petition); or
- Mexican Border Crossing Card with valid I-94.

**PLEASE NOTE: This flyer is not an official DMV publication and provides only general California DMV ID card requirements obtained from the California DMV website. Please contact your local DMV office, if you have any questions.**

# 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](http://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.

## 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.

- 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.**



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](http://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](http://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](http://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](http://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.**

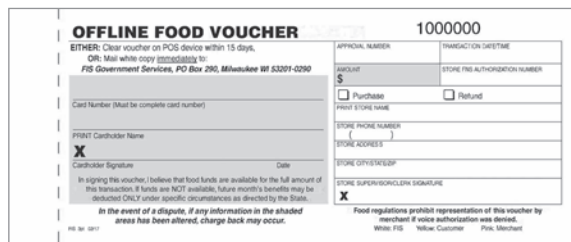
**Step 4** For ATMs, enter the cash amount. For POS devices, tell the clerk the amount of cash you want to receive.

**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



The image shows a form titled "OFFLINE FOOD VOUCHER" with a transaction amount of 1000000. The form includes fields for APPROVAL NUMBER, TRANSACTION DATE/TIME, AMOUNT (\$), and STORE FID AUTHORIZATION NUMBER. There are checkboxes for Purchase and Return. It also has fields for Card Number, FIRST Cardholder Name, Cardholder Signature, and Date. A section for STORE PHONE NUMBER, STORE ADDRESS, and STORE CITY/STATE/ZIP is present. A signature line for the STORE SUPERVISOR/CLOCKER is also included. The form contains several instructions and disclaimers, including a note about the 15-day validity of the voucher and a warning about charge backs in the event of a dispute.

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](http://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](http://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](http://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](http://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

<b>If the last number of your case number is:</b>	<b>Your EBT food benefits will be available on the:</b>
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

<b>If the last number of your case is:</b>	<b>Your cash benefits will be available on the:</b>
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](http://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](http://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

## 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.



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.

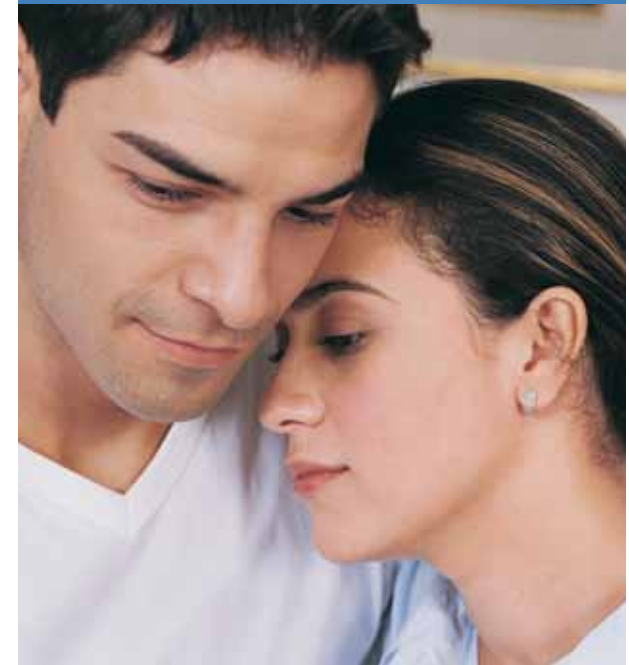


State of California  
Health and Human Services Agency  
Department of Social Services

PUB 275 (04/07)



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.**



County of Los Angeles  
DEPARTMENT OF  
PUBLIC SOCIAL SERVICES



## BENEFITS OF HAVING YOUR OWN MENTAL HEALTH CARE PROVIDER

- Manage your doctor and patient relationship with confidence.
- Begin treatment that works for you.
- Receive medications you need.
- Access to follow-up treatments.
- Promote a healthy lifestyle.

## DO YOU NEED A REASONABLE ACCOMMODATION BECAUSE OF YOUR DISABILITY?

Call the ADA Hotline at  
(844) 586-5550 or

Call the Customer Service Center at  
(866) 613-3777

People with a speech or hearing impairment may use TTY at  
(877) 735-2929 (California Relay)

## ADDITIONAL INFORMATION

For more information on DPSS services, please visit our website:  
[www.dpss.lacounty.gov](http://www.dpss.lacounty.gov)



To apply or manage your case online visit:  
[www.dpssbenefits.lacounty.gov](http://www.dpssbenefits.lacounty.gov)

# MENTAL HEALTH ASSESSMENT AND USE OF THE THIRD-PARTY VERIFICATION



## WHAT IS A MENTAL ILLNESS?

A mental illness is a condition that affects a person's thinking, feeling or mood. This condition may affect an individual's ability to relate to others or function each day.

## ARE YOU UNABLE TO WORK BECAUSE OF YOUR MENTAL HEALTH CONDITION?

If you feel that you cannot work because of your mental health condition, you may be exempt from work-related activities while you are getting your General Relief (GR) benefits. These activities may include participating in a job training program or finding a job. However, you must verify your inability to work by either participating in an onsite mental health assessment or providing a Third-Party Verification from your own mental health care provider.

## WHAT IS THE MENTAL HEALTH ASSESSMENT AND THE "THIRD-PARTY VERIFICATION" FORM?

A mental health assessment is an evaluation done by a mental health or other health care professional to determine your mental health condition. Your response to specific questions will provide a picture of your emotional state and help you to understand your condition.

DPSS offices have mental health clinicians, who conduct mental health assessments and help you with your service needs.

If you prefer, a mental health assessment can also be conducted by your own mental health care provider who can confirm your inability to work by, using the "Third-Party Verification" form (Mental Health Assessment for General Relief).

## WHAT TO EXPECT AFTER THE MENTAL HEALTH ASSESSMENT?

Your mental health care provider, such as a psychiatrist, psychologist, clinical social worker, or licensed professional counselor will:

- Evaluate your mental health condition and decide if you are able to work;
- Complete the "Third-Party Verification" form to document your disability period;
- Ask you to sign the Authorization for Use and Disclosure of Protected Health Information form, so your medical information can be released to DPSS.

Your provider can also use the clinic or hospital letterhead to write a letter showing the period of time you cannot work.

You can find the forms online at: [www.dpssbenefits.lacounty.gov/ybn/GRDownloads.html](http://www.dpssbenefits.lacounty.gov/ybn/GRDownloads.html) or ask your worker to mail them to you.







## County of Los Angeles Board of Supervisors

Hilda L. Solis  
Supervisor, First District

Mark Ridley-Thomas  
Supervisor, Second District

Sheila Kuehl  
Supervisor, Third District

Janice Hahn  
Supervisor, Fourth District

Kathryn Barger  
Supervisor, Fifth District



**GROW can help your climb!**

### How can the GROW Program help YOU?

**G**ROW can help your climb towards a good job and financial stability. The Program's design includes collaborations that will connect you with employers in your community. GROW will also provide you with vocational programs for modern jobs in high demand fields. If you are having a hard time finding a job, need help becoming a good employee or are having trouble keeping a job, GROW Program can help.



### County of Los Angeles Department of Public Social Services



Visit our website at:  
[www.dpss.lacounty.gov](http://www.dpss.lacounty.gov)



# GROW

General Relief Opportunities for Work

If you are:

- ◆ An employable General Relief (GR) participant; and
- ◆ Need help finding or keeping a job; or
- ◆ Want to learn or improve skills in high demand jobs...

...the GROW Program can help.

**GROW** can help pay for training and work-related expenses, including transportation, clothing, uniforms, tools and books.

**GROW** can help you get vocational certificates, job skills and employment referrals.

**GROW** services and activities aim to help GR participants get a job, remove work obstacles and provide Supportive Service referrals.

**GROW** activities are part of the following five GROW main Components:

- Education Services;
- Youth Services;
- Training Services;
- Employment Development; and
- Supportive Services.



### What is the GROW Program?

GROW is the Welfare-to-Work Program for GR. Enrollment in GROW is mandatory for all employable GR applicants/participants. GROW enrollment starts with the GR application. GR applicants with no verified physical or mental disability who are employable, have an interactive interview with an Eligibility Worker during the application process. Then, the GROW employment plan development starts.

### How to get started?

You must complete the following activities:

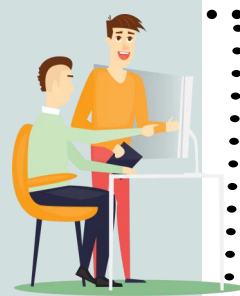
- **Orientation:** A brief scheduled presentation to provide applicants/participants with an overview of the GROW program activities and services.
- **Case Manager Appointment:** A meeting with the GROW Case Manager (GCM). It includes a Job Skills Assessment to gather information on education, job skills and barriers to employment. The GCM will set up the most appropriate GROW activity for an effective employment plan.



Once in the GROW Program, your employment plan may include one or several of the following GROW activities:

### EDUCATION SERVICES

- Education/Training (Short-term vocational classes)
- Vocational Assessment
- Literacy Assessment
- GED/High School Equivalency Certificate
- Self-Initiated Program - if enrolled in school before applying for GROW



### YOUTH SERVICES

- Customized services for youth ages 18-24, includes subsidized employment
- Job Readiness Training for Youth

### TRAINING SERVICES

- Computer Application Class
- Office Occupations
- Day Reporting Center
- Work-Related Expenses

### EMPLOYMENT DEVELOPMENT

- Career Opportunities Resources and Employment
- Job Readiness Training
- America's Job Centers of California
- Intensive Case Management
- Post-Employment Services

### SUPPORTIVE SERVICES

- Domestic Violence, Mental Health, and Substance Abuse
- Expungement of criminal records

For more information, visit: [www.dps.lacounty.gov](http://www.dps.lacounty.gov)



### CONTACT US:

GROW Program offices are located throughout the Los Angeles County. For office hours, locations and general program information visit: [www.dps.lacounty.gov/Programs&Services/GROW](http://www.dps.lacounty.gov/Programs&Services/GROW) or call one of the numbers below:

- **San Gabriel - 3352 Aerojet Avenue**  
El Monte \_\_\_\_\_ (626) 569-3609
- **South Special - 17600 "C" Santa Fe Avenue**  
Rancho Dominguez \_\_\_\_\_ (310) 761-2034
- **Metro East - 2200 N. Humboldt Avenue**  
Los Angeles \_\_\_\_\_ (323) 948-5206
- **South Central - 2701 Firestone Boulevard**  
South Gate \_\_\_\_\_ (323) 357-3550
- **Pomona - 416 N. Garey Avenue**  
Pomona \_\_\_\_\_ (909) 397-7905
- **Glendale - 4680 San Fernando Road**  
Glendale \_\_\_\_\_ (818) 546-6304
- **Pasadena - 955 N. Lake Avenue**  
Pasadena \_\_\_\_\_ (626) 296-4621
- **Southwest Special - 1819 Charlie Sifford Drive**  
Los Angeles \_\_\_\_\_ (323) 420-2920
- **Wilshire Special - 2415 W. 6th Street**  
Los Angeles \_\_\_\_\_ (213) 336-2024
- **Civic Center - 813 E. 4th Place**  
Los Angeles \_\_\_\_\_ (213) 896-8891
- **San Fernando - 9188 Glenoaks Boulevard**  
Sun Valley \_\_\_\_\_ (818) 394-3801
- **Lancaster - 337 E. Avenue K-10**  
Lancaster \_\_\_\_\_ (661) 723-4010
- **Rancho Park - 11110 W. Pico Boulevard**  
Los Angeles \_\_\_\_\_ (310) 481-5314
- **Metro Special - 2615 S. Grand Avenue 4th Floor**  
Los Angeles \_\_\_\_\_ (213) 765-5358

# CALFRESH FORMS

**INFORMATIONAL**



# Do you need help because of a disability?

The law protects people with physical and mental disabilities as well as others with serious health problems.

Do you have a disability that makes it hard for you to apply for benefits or meet program requirements? We can give you extra help. You do not need to give us your medical papers/proof of your condition.

## Disabilities may include limitations with:

- Walking, sitting or standing
- Reading, learning or understanding
- Speaking, hearing or seeing
- Being around crowds
- Memory loss
- Dealing with emotions

## We can help you with:

- Reading our documents and forms
- Filling out our forms
- Getting documents we need
- Changes to program rules and work requirements
- Making appointments
- Other reasonable modifications

To request a modification, ask any DPSS employee or call the ADA Hotline at:

# 844-586-5550



**Not every disability is visible**

## 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)



# EBT FRAUD TRAFFICKING



## ELECTRONIC BENEFITS TRANSFER (EBT) TRAFFICKING

is when CalFresh benefits are bought, sold or traded for cash.  
This is **FRAUD**, it is a **CRIME** and is **AGAINST THE LAW**.

### IF YOU RECEIVE CALFRESH BENEFITS:



- **ONLY** use your benefits for food
- Keep your EBT card and PIN number secure
- **DO NOT** share your EBT card or PIN number with anyone outside your family
- Report a lost or stolen card immediately to the EBT Customer Service Center (1-877-328-9677 or the TTY at 1-800-735-2929) or to your Worker

### PARTICIPATING RETAILERS MUST:



- Be 100% truthful on retailer application
- **NEVER** exchange CalFresh benefits for cash
- **NEVER** sell ineligible foods
- Train employees on EBT rules

### VIOLATIONS CAN RESULT IN:

- ✓ **Temporary or permanent disqualification from the CalFresh Program.**
- ✓ **Repayment of CalFresh benefits obtained illegally.**
- ✓ **Criminal prosecution including fine and imprisonment.**

Report Fraud To Los Angeles County Welfare Fraud Prevention and Investigations (WFP&I):  
Central Fraud Reporting Line: (800) 349-9970 We Tip Hotline: (800) 782-7463  
or The USDA Office Of Inspector General: Call: (800) 424-9121  
Write: United States Department of Agriculture Office of Inspector General  
PO Box 23399 Washington, DC 20026-3399  
E-Mail: [usda\\_hotline@oig.usda.gov](mailto:usda_hotline@oig.usda.gov)

**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**

**FOR CASH PROGRAMS**  
**You may qualify for an exemption from EBT or for a stagger day change**



**EXEMPTIONS FROM USING EBT FOR CASH**

You may qualify to receive a check in the mail on the first of the month if:

- You are age 65+;
- You are disabled;
- You have limited access; or
- Other qualifying hardship reasons.



**STAGGER DAY CHANGE REASONS**

You can receive your cash benefits on the 1<sup>st</sup> if:

- You live In Public Housing (not Section 8 Housing);
- You have an eviction threat or landlord hardship (for example, late fees);
- You have monthly bills (for example, bus pass, child care, car insurance, etc.) that are due before your stagger day; or
- You have other hardship reasons.

If you meet any of the above conditions, be sure to let your Eligibility Worker know as soon as possible.

**COUNTY OF LOS ANGELES/DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)**  
**ELECTRONIC BENEFIT TRANSFER (EBT)**  
**PRIVACY POLICY**

**WHAT INFORMATION DOES DPSS GET?**

Each time you use your EBT card, DPSS only gets the following information about you:

The date and time your card was used, if the card was used for cash or CalFresh, where you used your card, and the amount of cash or CalFresh used.

The store does not tell DPSS what you bought. The EBT system does not receive information about what was purchased and is not linked to store customer club/reward cards.

**WHAT DOES DPSS, CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, THE UNITED STATES DEPARTMENT OF AGRICULTURE, AND THE DISTRICT ATTORNEY DO WITH THE INFORMATION?**

The Government uses this information to:

Pay the store/bank for the money, food, or other items received from them, identify and resolve problems reported by you or the store/bank/check cashier, look at specific store or participant patterns of EBT card usage for possible store or participant fraud, prepare reports used for accounting and managing of the EBT System, and determine if there are enough places for you to get your benefits in your neighborhood.

With two exceptions, DPSS will not use this information to determine if you are eligible for aid or the amount of aid you will receive.

The two exceptions are:

1. If you receive General Relief and you do not use your EBT card for two months, your case will be terminated.
2. If you do not use your EBT account for 180 days or more, you may not be able to get your benefits easily.

Information about you **will not** be given to retailers or advertisers.

Information about you **will not** be given to the Bureau of Citizenship and Immigration Services (BCIS).

**IF YOU HAVE QUESTIONS ABOUT THIS PRIVACY POLICY**  
**CALL 1-866-613-3777**

**FOR MORE INFORMATION ABOUT EBT, VISIT OUR WEB SITE AT:**  
**DPSS.lacounty.gov**

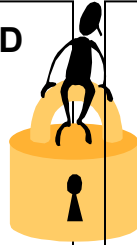


**EBT TIPS**  
**(ELECTRONIC BENEFIT TRANSFER)**



## PROTECTING YOUR EBT CARD

- Keep your card in a safe place.
- Do **not** let anyone use your card without your permission.
- Do **not** write your PIN on your EBT card.
- Do **not** keep a written record of your PIN in the same place as your EBT card.
- Do **not** reply to a text, call or email requesting your EBT card number or PIN



### KEEP YOUR EBT ACCOUNT INFORMATION PRIVATE.

**Lost or stolen cards MUST be reported immediately to the Customer Service Center. If your benefits are stolen before you report your card missing, your benefits will not be replaced.**

**Please call Customer Service for FREE, 24 hours a day/ 7 days a week:  
1-877-328-9677**

**TTY: 1-800-735-2929**

(Telecommunications relay service for hearing/speech impaired)

- 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 may take up to 3 business days to get a new card.

**ATM** - Automated Teller Machine  
**EBT** - Electronic Benefit Transfer  
**PIN** - Personal Identification Number  
**POS** - Point of Sale

## WALK-UP ATMs

- If you see or sense suspicious persons or circumstances,
  - Do not use the ATM; or
  - If you are in the middle of a transaction, cancel it, leave the area, and come back later, or use an ATM at another location.
- When using a walk-up ATM, do not leave your keys or valuables behind in the car and **NEVER** leave your car engine running.
- Have your EBT card ready - avoid having to go through your wallet or purse to find your card.
- When waiting in line, stand well behind the person in front of you. If someone is too close to you, ask him or her to step back.
- Make sure no one can see you enter your PIN at the ATM; block the view of other people by standing directly in front of the PIN keypad.
- Do not count or show your money at the ATM. Put your cash, card and receipt away quickly and count it later.
- To protect your EBT account, take your receipts or transaction records with you.



### ATM SAFETY TIPS

If you notice anything or anyone acting suspicious, use an ATM at another location or return later.

Lock your car and have your card ready.  
Block the keypad while entering your PIN.

Do not count or show your money at the ATM. Put your cash, card and receipt away quickly and count it later.

#### **Remember:**

If your benefits are stolen before you report your card missing, your benefits will not be replaced.

## USING THE ATM AT NIGHT



- **Be aware of your surroundings.**
- Park in a well-lit area.
- If the lights around the ATM are not working, do not use it. If bushes or trees block your view, go to an ATM at another location. Notify the ATM owner of unsafe conditions.
- Take someone with you, if possible.

**If you use the ATM after dark, use an ATM or a POS machine inside an open business, like a grocery store.**

## DRIVE-UP ATMs



- Always lock your car doors.
- Be sure your passenger windows are rolled up and doors are locked.
- Keep your car running while making your transaction.



**Report all ATM crimes to the local police or Sheriff's Department.**

## You Can Get Your Cash Benefits at NO Cost

### SAVE MONEY - KNOW THE FACTS!

By knowing the **Facts** about your EBT card, you can get **ALL** your cash benefits each month without paying surcharges!

### THERE ARE NO FEES TO USE YOUR EBT CARD AT A STORE POS MACHINE.

- **CASH-ONLY WITHDRAWALS.** Many supermarkets will let you make a free cash withdrawal with your EBT card. Often you don't even need to make a purchase.
- **PURCHASES.** Make purchases directly with your EBT card at participating stores without using cash.
- **PURCHASES WITH CASH-BACK.** Get cash back when you make a purchase with your EBT card, instead of using ATMs.
- **BUY A MONEY ORDER WITH YOUR EBT CARD TO PAY YOUR BILLS.** Many stores sell money orders. Money orders are safe and inexpensive, but there is a small fee to buy a money order.

### HOW TO AVOID PAYING ATM SURCHARGES?

- Access the EBT Client Website address, [WWW.ebt.ca.gov](http://WWW.ebt.ca.gov), to find surcharge-free ATM locations.
- Using the new DPSS Mobile App (for Android™ and Apple®) to search for local ATMs that accept EBT

### SIGN UP FOR DIRECT DEPOSIT.

You can have your cash benefits deposited directly into your bank or credit union account. Ask your worker for more information.



# HOW TO FIND THE DAY OF THE MONTH YOUR BENEFITS WILL BE AVAILABLE



SUN	MON	TUES	WED	THURS	FRI	SAT
				1	2	3
4	5	6	7	8	9	10

## When Your Benefits Will be Available

The day of the month your CalFresh and/or cash benefits will be available is based on the last digit of your case number.

### CalFresh and General Relief Benefits

If the last digit of your case number is:

Your benefits will be available on the:

- |   |                               |
|---|-------------------------------|
| 1 | 1 <sup>st</sup> of the month  |
| 2 | 2 <sup>nd</sup> of the month  |
| 3 | 3 <sup>rd</sup> of the month  |
| 4 | 4 <sup>th</sup> of the month  |
| 5 | 5 <sup>th</sup> of the month  |
| 6 | 6 <sup>th</sup> of the month  |
| 7 | 7 <sup>th</sup> of the month  |
| 8 | 8 <sup>th</sup> of the month  |
| 9 | 9 <sup>th</sup> of the month  |
| 0 | 10 <sup>th</sup> of the month |

### CalWORKs Benefits

If the last digit of your case number is:

Your cash benefits will be available on the:

- |            |                              |
|------------|------------------------------|
| 1, 2, 3    | 1 <sup>st</sup> of the month |
| 4, 5, 6, 7 | 2 <sup>nd</sup> of the month |
| 8, 9, 0    | 3 <sup>rd</sup> of the month |

### Refugee Cash Assistance(RCA) and Cash Assistance Program for Immigrants (CAPI)

Your cash benefits are available on the 1<sup>st</sup> of the month.

REMEMBER, TO GET YOUR BENEFITS AT AN ATM, YOU MUST SELECT

**CHECKING ACCOUNT**



LOOK FOR THE QUEST® LOGO

**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 ردك 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 սեփական նպաստներ ստանալու Ձեր իրավասություն վրա: Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե Ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել Ձեր վարչաշրջանի աշխատակցին: Դուք իրավունք ունեք Ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:

*(Armenian)*

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុង លិខិតនេះ: ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម ទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំ ជំនួយភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។

*(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，并無費获取该类 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 مددکار 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)*

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 xeev 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 hnuv hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauv 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 있습니다. 도움 비용은 무료입니다.

(Korean)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຖິງຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

(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 ਸ਼ਾਮਲ 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। ਇਹ ਮਦਦ ਮੁਫਤ ਹੈ।

(Punjabi)

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

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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)*

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบ )  
รับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับ )  
พนักงานในท้องที่ คุณมีสิทธิ์ที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือ )  
ครั้งนี้

*(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 забезпеченню. 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 hồi đáp 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)*



HAVE YOU HEARD?



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

ՀԱՄԱՅՆՔԱՅԻՆ Բնակարանային ԿԱՍ ԴԱՏՄԱՏՆԱԳՈՒՄ ԵՔ ԱՊԻԵԼ ՀԱՍՄՅՆՔԱՅԻՆ ԿԱՍ ԲԱԺԻՆ 8 ԲՆԱԿԱՐԱՆԱՅԻՆ ՀԱՍՏԱՏՈՒԹՅՈՒՆՆԵՐԻՆԻՄ:

Համայնքային Բնակարանային հաստատությունը նախատեսված է ցածր եկամտով իրավասու ընտանիքների, մեծահասակների և հաշմանդամ անձանց համար: Բաժին 8 հնարավորություններ է ընձեռում ցածր եկամտով ընտանիքների 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 Օնցիալական Ծառայությունների Վարչությունը, կտրամադրի Լոս Անջելես Քաղաքի Բնակարանային Լիազորմանը և Լոս Անջելես Մարզի 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 ընտանիքում, 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

តើអ្នករស់នៅ ឬ មានគម្រោងចង់ទៅរស់នៅដទៃទៀត? ឬ SECTION 8 ឬទេ?

លំនៅដ្ឋានសាធារណៈ: គឺជាផ្ទះសម្បែងផ្តល់ជូនសំរាប់គ្រួសារដែលមានប្រាក់ចំណូលទាប, មនុស្សចាស់, និង ជនពិការ ដែលមានសិទ្ធិទទួល 1 Section 8 ផ្តល់នូវឱកាសល្អសំរាប់គ្រួសារដែលមានប្រាក់ចំណូលទាប ដើម្បីទទួលបានផ្ទះជួលឯកជនដែលល្មមនឹងចំណាយបាន 1 លើសិនជាអ្នករស់នៅ ឬ មានគម្រោងចង់ទៅរស់នៅដទៃទៀតលំនៅដ្ឋានសាធារណៈ: ឬ Section 8, ក្រសួងសង្គមកិច្ចសាធារណៈ, នៅពេលស្នើសុំ, នឹងផ្តល់ទៅអាជ្ញាធរផ្នែកជំនួយផ្ទះសម្បែងប្រចាំក្រុងឡូសអិសយ៉ា և ខោនធីឡូសអិស យីឡេស នូវព័ត៌មានចាំបាច់ ដែលត្រូវការដើម្បីសម្រេចលើលក្ខណសម្បត្តិទទួលជំនួយពីកម្មវិធីផ្ទះសម្បែងទាំងនេះ 1 ព័ត៌មានចាំបាច់ដែលត្រូវការយកចេញពីសំណុំរៀងរបស់អ្នក អាចជា, ប៉ុន្តែ មិនកំរិតត្រឹមតែ: 1) ចំនួនប្រាក់ជំនួយប្រចាំខែរបស់អ្នក, 2) នរណាខ្លះដែលកំពុងរស់នៅក្នុងគ្រួសាររបស់អ្នក, និង 3) ព័ត៌មានចាំបាច់ផ្សេងទៀត ដែលត្រូវការសំរាប់សម្រេចលើលក្ខណសម្បត្តិទទួលជំនួយពីផ្ទះសម្បែង ។

អាជ្ញាធរផ្នែកជំនួយផ្ទះសម្បែងនឹងមិនចែកចាយព័ត៌មាននេះជាមួយអ្នកណាម្នាក់ ផ្សេងទៀតឡើយ, ហើយ អ្នកមានសិទ្ធិដើម្បីពិនិត្យមើលឡើងវិញនូវព័ត៌មានដែលបានផ្តល់ឱ្យដោយអាជ្ញាធរផ្នែកជំនួយផ្ទះសម្បែង ។ 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 ?

公共房屋是为符合资格的低收入家庭, 年长者, 残障人士提供的住房. 房屋補助津貼 Section 8 是为低收入家庭获得可負擔得起的私有出租房屋提供房租補助的機会. 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 계획입니까?

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, 이들 주택 프로그램에 대한 자격을 결정하는데 필요한 정보를 로스앤젤레스 시 주택국 및 로스앤젤레스 카운티 주택국에 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-ая 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 Serbisyong Panlipunan, kapag nagtanong, 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 sambayanan, 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 NGỰ HAY DỰ TÍNH SẼ CƯ NGỰ 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 hằng 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 đem cung cấp cho các Giới Thẩm Quyền Gia Cư. VIETNAMESE

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**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 – 11<sup>th</sup> Street, Sacramento, CA 95814. For more information on elections and voting, please visit the Secretary of State’s website at [www.sos.ca.gov](http://www.sos.ca.gov).

## 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](mailto: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](mailto: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](mailto: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](mailto: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.

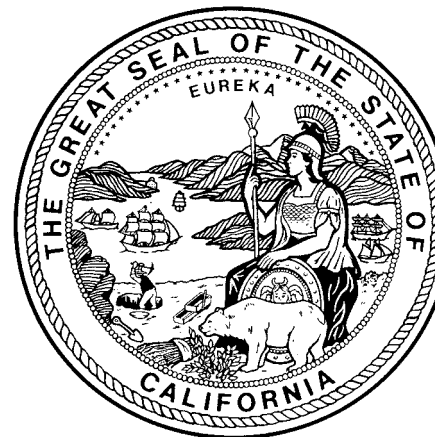
If the discrimination also affected the level of your benefits and services, ask for a hearing.

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
- Ukranian
- 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.

- يحق لك الحصول على مترجم فوري مجاناً
- Դուք անվճար թարգմանչի իրավունք ունեք:
- ມູ້ຄົນສິ່ງຮູ້ອຸ້ອນມູ້ຄົນບໍ່ຄ່າເປັນການເຂົ້າຮ່ວມສິ່ງ
- 您有權免費獲得口譯員
- شما حق دسترسی به یک مترجم (ترجمان) رایگان 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
- ທ່ານມີສິດໄດ້ຮັບບາງຮ່ວມາສາໂດຍບໍ່ເສຍຄ່າ
- mula sa nakasulat na ingles hanggang sa nakasulat
- Você tem direito a um intérprete, gratuitamente
- ਤੁਹਾਡੇ ਕੋਲ ਦੁਬਾਰਾ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਮੁਫਤ
- Вы имеете право на бесплатные услуги переводчика
- Tiene derecho a servicios gratuitos de un intérprete
- May karapatan ka sa isang tagasalin, nang walang bayad
- Ви маёте 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:

1. Understand what is happening with your application or benefits.
2. 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.
3. If the state agency has the written explanation in non-English languages, you have a right to get this information in those languages.

4. Get a receipt for hand-delivered documents.
5. See your case record
6. See laws and regulations about your program.
7. Ask a judge to review any agency action or inaction about your eligibility, benefits, or services.
8. Not face discrimination in applying for or receiving program benefits or services.
9. File a complaint about discrimination.
10. Get a “reasonable accommodation” if you have a disability. This is specific help for you to access or participate in the program.
11. Have your information kept confidential.
12. 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:

1. ***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.
2. ***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.
3. ***Discrimination complaint:*** See the Discrimination Complaint section. You may have different rights to file a complaint with state or federal agencies.
4. ***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](mailto: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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Worker Phone number: \_\_\_\_\_  
Customer ID: \_\_\_\_\_

**SAR 7 ELIGIBILITY STATUS REPORT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEED HELP? CALL YOUR WORKER**

REPORT MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1<sup>st</sup> AND RETURN IT BY \_\_\_\_\_ 5<sup>th</sup>  
For CalWORKs your family size is \_\_\_\_\_. Your IRT is \$ \_\_\_\_\_ For CalFresh, 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?<br>\$ _____                                                                                                                                                                                                                                                         | If paid separately, your property taxes and home insurance per month now?<br>\$ _____ |
| Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:<br><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<br><input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly | <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other<br><input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly | <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other<br><input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly |
| Gross amount of income they got in the report month: | \$                                                                                                                                                                          | \$                                                                                                                                                                          | \$                                                                                                                                                                          |
|                                                      | DATE(S) RECEIVED:                                                                                                                                                           | DATE(S) RECEIVED:                                                                                                                                                           | DATE(S) RECEIVED:                                                                                                                                                           |
| Hours worked per month:                              |                                                                                                                                                                             |                                                                                                                                                                             |                                                                                                                                                                             |

**10. Will there be any changes to your income from employment in the next six months (including income listed in #9)?**  YES  NO (If yes, explain here and attach proof). Examples: stopping or starting a job; increase or decrease of income; changes in hours: quitting a job or going on strike; change in how often you are paid.

**11. Did anyone get money from any other source in the Report Month?**  YES  NO (If yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, 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<br>→                                                                        | DATE SIGNED | HOME PHONE CONTACT/CELL PHONE<br>( ) -                                          | CONTACT/CELL PHONE<br>( ) - |
| SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH-AIDED CHILDREN<br>→ | DATE SIGNED | SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM<br>→ | DATE SIGNED                 |



## 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 5<sup>th</sup> of the month after the report month. It is late after the 11<sup>th</sup>.

#### Examples

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

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.

**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**

## **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.