STATEMENT OF FACTS
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

COUNTY USE ONLY

CASE NAME

CASE NUMBER

WORKER DATE RCD

Instructions: CAPI is a State-funded program for non-citizens only. Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant and spouse (if applicable).

If you need more space, use the "Remarks" section on page 6. Tell your worker if you need help in getting proof or filling out this form.

Type of Application: ☐ Couple ☐ Individual ☐ Child ☐ Child with Parents

APPLICANT

(1) a. First Name, Middle Initial, Last Name | DATE OF BIRTH | SEX ☐ Male ☐ Female | SOCIAL SECURITY NUMBER __ __ __-__ __-__ __ __ __

LINKAGE ☐ Aged ☐ Blind ☐ Disabled | SSN | ID

b. Did you ever use any other names (including maiden name) or other Social Security Numbers? ☐ YES ☐ NO

c. Other names and Social Security Numbers used:

d. RESIDENCE ADDRESS (NUMBER AND STREET) | CITY | ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY | ZIP CODE

(AREA CODE) HOME PHONE | (AREA CODE) WORK PHONE | (AREA CODE) MESSAGE PHONE | PERSON WITH WHOM TO LEAVE MESSAGE

e. Do you intend to remain in California? ☐ YES ☐ NO

(2) a. Do you have any physical or mental health problems or are you blind? (For example: high blood pressure, heart problems, diabetes, arthritis, osteoporosis, vision problems, depression, etc.) If yes, explain briefly:

	YOU	YOUR SPOUSE
	☐ YES ☐ NO	☐ YES ☐ NO

☐ DAPD Referral Completed
☐ Disabled
☐ Sponsored Deeming

☐ SSI Referral Completed

b.

	Date Problem(s) Began	Describe Health Problem(s)
You		
Your Spouse		

MARITAL STATUS

Spouse

(3) a. Are you married? ☐ YES ☐ NO (Go to #4a.)

b. Spouse's Name (First, Middle Initial, Last) | DATE OF BIRTH | SOCIAL SECURITY NUMBER __ __ __-__ __-__ __ __ __

LINKAGE ☐ Aged ☐ Blind ☐ Disabled | SSN | ID

c. Did your spouse ever use any other names (including maiden name) or other Social Security Numbers? ☐ YES ☐ NO

d. Other names and Social Security Numbers used by spouse:

e. Are you and your spouse living together? ☐ YES ☐ NO

Spouse eligible? ☐ Yes ☐ No

f. Date you began living apart: | SPOUSE'S ADDRESS:

g. Is your spouse applying for CAPI? ☐ YES ☐ NO

IMMIGRANT STATUS

COUNTY USE ONLY

		YOU	YOUR SPOUSE
④ a.	Are you a United States citizen? If yes, go to end of application and sign your name.	☐ YES ☐ NO	☐ YES ☐ NO
b.	Have you or your spouse (or former spouse) ever been in the U.S. Military Service?	☐ YES ☐ NO	☐ YES ☐ NO
⑤ a.	Are you lawfully admitted for permanent residence in the United States?	☐ YES ☐ NO	☐ YES ☐ NO
b.	Give the date of lawful admission for permanent residence.	MO. DAY YR. _____/_____/_____	MO. DAY YR. _____/_____/_____
c.	Did any person, institution or group sponsor your entry into the United States? If yes, go to #6. If no, go to #7.	☐ YES ☐ NO	☐ YES ☐ NO

Resident card on file?
☐ YES ☐ NO

SPONSORED?
☐ YES ☐ NO

⑥ a. Give the following information about your sponsor(s):

	SPONSOR'S NAME	ADDRESS	TELEPHONE NO.
You ☐ Spouse ☐			( )
You ☐ Spouse ☐			( )
You ☐ Spouse ☐			( )

AFFIDAVIT OF SUPPORT

☐ Form I-134
☐ Form I-864

		YOU	YOUR SPOUSE
b.	Is your sponsor deceased?	☐ YES ☐ NO	☐ YES ☐ NO
c.	Is your sponsor disabled?	☐ YES ☐ NO	☐ YES ☐ NO
d.	Are you being abused by your sponsor or his/her spouse?	☐ YES ☐ NO	☐ YES ☐ NO

VERIFIED

☐ Deceased
☐ Disabled
☐ Abused

⑦ a. If not lawfully admitted for permanent residence, briefly explain your current immigration status with the Immigration and Naturalization Service (INS):

YOU	YOUR SPOUSE

INS Documentation on file?

☐ Yes ☐ No

		YOU	YOUR SPOUSE
b.	Through what date will INS allow you to remain in the United States? (If indefinitely, indicate.)		
⑧	What is your Alien Registration Number?		
⑨	What was your Port of Entry?		

RESIDENCY

		YOU	YOUR SPOUSE
⑩	Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? If yes, go to the end of the application and sign your name.	☐ YES ☐ NO	☐ YES ☐ NO
⑪ a.	When did you first make your home in the United States?	Date:	Date:
b.	Have you lived outside of the United States since then?	☐ YES ☐ NO	☐ YES ☐ NO
c.	Give the dates you were outside of the United States. (month, day, year)	From: To:	From: To:
⑫ a.	Within 30 days prior to applying for CAPI, were you outside of the United States?	☐ YES ☐ NO	☐ YES ☐ NO
b.	Give the dates you left and returned to the United States.	Date left: Date Returned:	Date left: Date Returned:

U.S. Resident?

☐ Yes ☐ No

☐ Passport viewed and copy on file

☐ Month aid begins: _____

LIVING ARRANGEMENTS

⑬ Check the applicable block to show where you live now:

☐ House
☐ Apartment
☐ Room (private home)
☐ Hospital
☐ Other (specify) _____
☐ Room (commercial establishment)
☐ Mobile Home
☐ Residential Care Facility
☐ Homeless Shelter
☐ Nursing Home
☐ Jail
☐ Shelter for Battered Women
☐ Other Institution

		YOU	YOUR SPOUSE
⑭ a.	Do you need assistance in your personal care or hygiene, (e.g., help with eating, dressing, bathing, taking medication, or moving about)?	☐ YES ☐ NO	☐ YES ☐ NO
b.	Do you have adequate cooking and food storage facilities available?	☐ YES ☐ NO	☐ YES ☐ NO

☐ IHSS Referral
☐ NMOHC

Cooking Facilities?

☐ Yes ☐ No

LIVING ARRANGEMENTS (CONTINUED)

COUNTY USE ONLY

		YOU	YOUR SPOUSE
15 a.	Do you and your spouse (if applicable) live alone?	☐ YES ☐ NO	☐ YES ☐ NO

b. If no, give the following information about everyone who lives with you (or with you and your spouse):

Name	Relationship to you or spouse	Sex M	Sex F	Date of Birth	Receives Public Assistance Yes	Receives Public Assistance No

Public Assistance Includes:
- BIA
- CalWORKs
- CAPI
- SSI/SSP
- GA/GR
- VA Pension

		YOU	YOUR SPOUSE
16 a.	Do you rent, own or are you buying the place where you live?	☐ YES ☐ NO	☐ YES ☐ NO
b.	If yes, how much is the monthly rent/mortgage payment? $ _____		
c.	Does anyone who lives with you rent, own, or is he/she buying the place where you live?	☐ YES ☐ NO	☐ YES ☐ NO

☐ Rental Liability/ Ownership Verified

SOC 453?
☐ Yes ☐ No

RESOURCES/PROPERTY

		YOU	YOUR SPOUSE
17 a.	Do you own or does your name appear on the title of any vehicle; (e.g., cars, trucks, boats, motorcycles, motor homes, etc.)?	☐ YES ☐ NO	☐ YES ☐ NO

b.

Owner's Name	Description (Year, Make and Model)	Used For (Work, Medical Other)	Current Market Value	Amount Owed

Exempt Vehicle?
☐ Yes ☐ No

2nd Vehicle
Market Value: $ _____
Encum-brances: - $ _____
Equity Value: = $ _____

		YOU	YOUR SPOUSE
18 a.	Do you own or are you buying any life insurance policies?	☐ YES ☐ NO	☐ YES ☐ NO

b.

Give the following information on each policy:	Policy #1	Policy #2
Owner's Name		
Name of Insured		
Name of Insurance Company		
Policy Number		
Face Value	$	$
Cash Surrender Value	$	$
Date Purchased		
Loans Against the Policy	☐ YES ☐ NO	☐ YES ☐ NO

CSV?
☐ Yes ☐ No

Amount: $ _____

		YOU	YOUR SPOUSE
19	Do you (either alone or jointly with another person) own any:		
a.	Life estates, or ownership interest in an unprobated estate?	☐ YES ☐ NO	☐ YES ☐ NO
b.	Household or personal items with a resale value of over $500 ea.?	☐ YES ☐ NO	☐ YES ☐ NO

c. If yes, give the following information:

Owner's Name	Item	Resale Value	Amount owed on item
		$	$
		$	$

20 a. Do you own or does your name appear (either alone or jointly) on any of the following items either inside or outside of the United States?

	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
Cash (at home, with you, or anywhere else)				
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Certificates of Deposit				
Notes				
Bonds				
Money Market Accounts				
Stocks				
IRAs				
Other items that can be turned into cash				

b. Give the following information for any "yes" answers in 20a.

Owner's Name	Name of Item	Value	Name of Bank or Financial Institution	Account Number

Verified?
☐ Yes ☐ No
$ _____
$ _____
$ _____
$ _____
Total: $ _____

21 a. Do you own any land, buildings or does your name appear on the title of ANY property either inside or outside of the United States, other than at the address where you currently live?

YOU		YOUR SPOUSE	
☐ YES	☐ NO	☐ YES	☐ NO

b. If yes, give the following information:

Type of Property	Location of Property	Value
		$
		$

Verified?
☐ Yes ☐ No

22 a. Have you sold, transferred title, disposed of or given away any money or property, including money or property in foreign countries, within 36 months of this application filing date, and after December 14, 1999?

YOU		YOUR SPOUSE	
☐ YES	☐ NO	☐ YES	☐ NO

Sold for less than Market Value?
☐ Yes ☐ No

b. If yes, give the following information:

Description of Property	Current Market Value	Date of Transaction	Reason for Transaction

Name, Address, and Telephone Number of Buyer or Person Who Received Property	Relationship to Applicant	Sales Price or Other Agreement

Date and Transfer Verified?
☐ Yes ☐ No

Period of Ineligibility:
Beginning date: _____
Ending date: _____

23 a. Do you have any money set aside for burial expenses?

YOU		YOUR SPOUSE	
☐ YES	☐ NO	☐ YES	☐ NO

Exempt?
☐ Yes ☐ No
Amount over $1,500
_____

b.

Owner	Description (Type of Asset, Name of Organization)	Value	Date Set Aside	For Whose Burial (Relationship)

24 a. Do you own any cemetery plots, crypts, caskets, vaults, or urns?

YOU		YOUR SPOUSE	
☐ YES	☐ NO	☐ YES	☐ NO

☐ Revocable
☐ Irrevocable

b.

Owner	Description	Value	For Whose Burial (Relationship)

☐ Revocable
☐ Irrevocable

COUNTY USE ONLY

INCOME

COUNTY USE ONLY

25 a. Have you received, or do you expect to receive income from any of the following sources?

Source	YOU YES	YOU NO	YOUR SPOUSE YES	YOUR SPOUSE NO
Gifts/Support				
Social Security				
Veteran's Administration (VA)				
Supplemental Security Income (SSI)				
Unemployment Benefits				
State Disability				
Workers' Compensation				
Other Pensions/Annuities				
CalWORKs				
General Assistance/Relief				
Rental Income				
Insurance Payments				
Interest/Dividends				
Alimony/Child Support				
Other Income				

Verified?
☐ Yes ☐ No

b. For each "yes" answer, give the following information:

Person Receiving	Type	Gross Amount	How Often Received
		$	
		$	
		$	
		$	

$ _____
$ _____
$ _____
$ _____
Total: $ _____

26 a. Do you receive or do you expect to receive any wages?

YOU	YOUR SPOUSE
☐ YES ☐ NO	☐ YES ☐ NO

Verified?
☐ Yes ☐ No

b. If yes, give the following information:

Person Working	Employer's Name, Address, and Telephone Number	Gross Wages Amount	Gross Wages How Often Paid	Dates of Employment
		$		From: To:
		$		From: To:

Paid:
☐ Daily
☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Twice Monthly
☐ Fluctuating

27 a. Have you been, or do you expect to be self-employed in the current year?

YOU	YOUR SPOUSE
☐ YES ☐ NO	☐ YES ☐ NO

Tax Return?
☐ Yes ☐ No

b. If yes, give the following information:

Type of Business	Last Year's Gross Income	Last Year's Net Income (Loss)	This Year's Gross Income	This Year's Net Income (Loss)	Dates of Self-Employment

Year of Tax Return: _____

28 If you are under age 65 and disabled, do you have any special expenses related to your illness or injury that are necessary for you to work? If yes, describe in "Remarks" on page 6.

YOU	YOUR SPOUSE
☐ YES ☐ NO	☐ YES ☐ NO

IRWE?
☐ Yes ☐ No

29 Are you currently receiving Food Stamps or have you recently applied for Food Stamps?

YOU	YOUR SPOUSE
☐ YES ☐ NO	☐ YES ☐ NO

Remarks: (Use this area to add to the information you have given on the previous pages or to give other information.)

YOUR AUTHORIZATION AND CERTIFICATION STATEMENT

I/We give permission to state and county agencies to check the information I/we have given on this form, and to ask my/our employer(s) for information about my/our wages. I/We understand that these agencies will compare information given on this form with records from other county, state and federal agencies to make sure the correct amount of benefits is paid.

I/We have read and understand my/our responsibilities.

I/We understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that can be punished under State law.

I/We certify under penalty of perjury that the statements given on this form are the truth as I/we know it.

YOUR SIGNATURE			DATE
SPOUSE'S SIGNATURE			DATE
WITNESS, IF SIGNED WITH AN "X"			DATE
SIGNATURE OF INTERPRETER OR PERSON COMPLETING FORM ON YOUR BEHALF	RELATIONSHIP TO APPLICANT	TELEPHONE NUMBER ( )	DATE

Important Information - Please Read Carefully

REPORTING RESPONSIBILITIES

You must tell us about any change within 10 days after the month it happens. Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty.

CHANGES TO REPORT

WHERE YOU LIVE:

- If you move.
- If you leave the United States for 30 days or more.
- If you are no longer a legal resident of the United States.
- If you (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- If you are released from a hospital, nursing home, etc.

HOW YOU LIVE:

- If someone moves into or out of your household.
- If the amount of money you pay toward household expenses changes.
- The birth or death of any people with whom you live.
- If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.

INCOME:

- If the amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down.
- If you start to receive money (or checks or any other type of payment).
- If you start or stop work.
- If your earnings go up or down.

HELP YOU GET FROM OTHERS:

- If the amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- If someone stops or starts helping you.

THINGS OF VALUE THAT YOU OWN:

- If the value of your total resources goes over $2,000 ($3,000 if you are married and live with your spouse).
- If you sell or give any things of value away.
- If you buy or are given anything of value.

YOU ARE BLIND OR DISABLED:

- If your condition improves or your doctor says you can return to work.
- If you go to work.
- If you stop or refuse any vocational rehabilitation services.

UNMARRIED AND UNDER AGE 22:

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
- If the child starts or stops school.

YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.

I/We understand my/our reporting responsibilities and agree to cooperate.

YOUR SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE

KEEP FOR YOUR RECORDS

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