

GENERAL RELIEF QUARTERLY REPORT

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

(Bar Code)

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

NEED HELP? CALL YOUR WORKER

MAIL BACK TO ADDRESS:

ADDRESSEE:

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

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

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

PART 1: Please tell us what happened in _____ REPORT MONTH _____ YEAR

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

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc.
Any Government Benefits: State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment, veteran's retirement, Worker's Compensation, etc.
Other Benefits: Spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc.
Other: Cash, gifts, loans, scholarships, etc. **Income In-Kind:** Such as earned housing, free housing/utilities/clothing/food, etc.

Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					
Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					

1a. Number of hours worked or in training in this MONTH:

Who worked?	Where?	Total Hours	Who worked?	Where?	Total Hours
Who trained?	Where?	Total Hours	Who trained?	Where?	Total Hours

1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and ATTACH PROOF.

Name of person	Source of income or money	Why will it change?	How much will you get?		
			First Month	Second Month	Third Month

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

PART 2: What Has Happened SINCE Your Last Report?

1. Did anyone: Get, buy, sell, trade, or give away any property, land, home, cars, bank accounts, money, payments (such as; lottery or casino winnings, retroactive social security, tax refunds), or other property items since last report?

YES NO

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

Who owns, sold, traded, or gave away?	Type of Property	When?	Value \$	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Won
				<input type="checkbox"/> Gift Received	<input type="checkbox"/> Traded	<input type="checkbox"/> Gave Away
Checking Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$			Savings Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$			

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

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

3. Are you or has someone in your household:

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

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

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

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

- Family Change** [Married, divorced, separated, registered as a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?]
- Disability** (Became disabled or recovered from a disability or major illness?)
- Work** (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- Immigration** (Citizenship or immigration status change, or got a new card, form, or letter from USCIS/INS?)
- Insurance** (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody** (Any change in the amount of time you care for/have custody of your children?)
- In-Home Supportive Services** (Started or stopped getting services?)
- School Attendance (For Student - stopped or started attending school regularly?)**
- Other:**

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

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

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

Date Moved	NEW Mailing Address (if different from Home Address) City	State	Zip Code
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Do you have housing costs at this new address? YES NO If yes, how much \$ _____

Do you have to pay heating/cooling costs separate from your housing cost? YES NO If yes, how much? \$ _____

CERTIFICATION – FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in General Relief, is wrongly paid out as a result of such action. I have received a copy of the Instructions and Penalties for the General Relief Eligibility Status Report.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

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

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