

QR7 Instructions

How to complete your QR7
accurately and timely.

Introduction

QR7

- The Quarterly Report (QR7) is how the County determines your eligibility and benefit amounts.
- Answer every question (Yes or No)
- Provide verification when needed
- Turn in your QR7 on time
- Sign and date
- If you have any questions call (559) 600-1377

Dates to Remember

- QR7 is due by the 5th of the **Submit** month
- **Submit month** is the month QR 7 is due.
- **Report month** is the month **before** the **submit month** (i.e. submit month is **February** you report month is **January**)
- In the QR7 you report you should report your income and expenses that occurred in the **Report month**



ELIGIBILITY/STATUS REPORT

PLEASE SIGN THE FORM AFTER THE 15TH OF 04/2012 AND RETURN IT BY THE 5TH OF THE MONTH.

180YL59

Worker Name:
Worker Phone:

BAR CODE:

Please Stop My Benefits For: ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in 03/2012

REPORT MONTH/YEAR

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

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 (UIB), veteran's retirement, Worker's Compensation, etc. **Other Benefits:** Child/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					
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
			\$	\$	\$
			\$	\$	\$

**Submit
Month:** this
is the month
QR7 is due.

Complete this part **only** if you want to stop your benefits.

138 W Indianapolis AVE
Clovis CA 93612-5034

BAR CODE:



Please Stop My Benefits For: ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can resupply at any time.

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PART 1:

Report month: the month before the submit month.
(i.e. submit month is **December**, you report income and expenses for the month of **November**).

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