



STATEMENT OF FACTS FOR CASH AID, CalFresh, AND MEDI-CAL/34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid, "CF" for CalFresh (formerly called Food Stamps), and "MC" for Medi-Cal/34-County CMSP listed to the left of each question tell you which questions are for each program.
Give any proof (such as bills, receipts and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
If you are asking for CalFresh and you are not an adult member of the household, attach a written authorization signed by the head of household or other adult member.

CA CF MC 1 A. Person applying, or caretaker relative of child(ren) for whom aid is wanted. NAME: HOME PHONE () MAILING ADDRESS (IF DIFFERENT) DAYTIME PHONE () CITY STATE ZIP CODE CITY STATE ZIP CODE

CF B. Are you homeless? If "YES": Are you temporarily staying in someone else's home? YES NO If "YES": Give date you began staying at this home:

CA C. Have you received a pay Rent or Quit Notice? YES NO

2 For each ADULT living in the home, give us all the facts.

CA (A) ADULT'S NAME (FIRST, MIDDLE, LAST) CITIZEN/NONCITIZEN STATUS U.S. Citizen/National Noncitizen: Sponsored YES NO RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER SEX (M F) BLIND, DEAF OR DISABLED (YES NO) PREGNANT (YES NO) BIRTHPLACE CITY STATE COUNTRY TYPE OF AID REQUESTED (Cash Aid, CalFresh, None, Medi-Cal, 34-County CMSP) MARITAL STATUS (Married, Never Married, Separated, Divorced, Common Law, Widowed)

CA (B) ADULT'S NAME (FIRST, MIDDLE, LAST) CITIZEN/NONCITIZEN STATUS U.S. Citizen/National Noncitizen: Sponsored YES NO RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER SEX (M F) BLIND, DEAF OR DISABLED (YES NO) PREGNANT (YES NO) BIRTHPLACE CITY STATE COUNTRY TYPE OF AID REQUESTED (Cash Aid, CalFresh, None, Medi-Cal, 34-County CMSP) MARITAL STATUS (Married, Never Married, Separated, Divorced, Common Law, Widowed)

CA (C) ADULT'S NAME (FIRST, MIDDLE, LAST) CITIZEN/NONCITIZEN STATUS U.S. Citizen/National Noncitizen: Sponsored YES NO RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER SEX (M F) BLIND, DEAF OR DISABLED (YES NO) PREGNANT (YES NO) BIRTHPLACE CITY STATE COUNTRY TYPE OF AID REQUESTED (Cash Aid, CalFresh, None, Medi-Cal, 34-County CMSP) MARITAL STATUS (Married, Never Married, Separated, Divorced, Common Law, Widowed)

COUNTY USE ONLY

Table with 3 columns: CF NON-HH/EXCLUDED MEMBER (63-402), CF WORK/TRAINING EXEMPTIONS (63-407.21), CF ABAWD EXEMPTIONS (63-410.3). Lists various exemption categories and codes.

COUNTY USE ONLY

CASE NAME CASE NUMBER WORKER DATE RCD

Residency Verified CF ID CF Aged/Disabled Verified MC ID MC Minor Consent: Exempt from ID, Residency, SSN, Verifs

AU NON-AU MFBU CF Non-HH/Excluded Member Code: Work Registration/Exemption Codes: WELFARE to WORK CF ABAWD VERIFIED: Blind/Deaf/Disabled SSN DED Packet Citizen Eligible Noncitizen SAVE Alien Reg. # D.O.E.

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Table with 2 columns: W/W WORK EXEMPTIONS (42-712). Lists exemptions like Age under 16, School Attendance, Age 60 or older, Disability, NCR caring for dependent or ward of the court or at risk of FC placement, Care of another ill or incap member of the household, Care of child, - Age 6 months or under (or as allowed under county's CalWORKs plan), - Member (who previously claimed .471) upon birth or adoption of subsequent child(ren), Pregnancy, VISTA-full or part time volunteer.

COUNTY USE ONLY

3 For each CHILD living in the home, child out of the home for a short time, or child you claim as a tax dependent, give us all the facts. If you are pregnant, list child as "unborn" and give due date.

Form for child (A) with fields for name, status, SSN, birthplace, school enrollment, and caregiver information.

Form for child (B) with fields for name, status, SSN, birthplace, school enrollment, and caregiver information.

Form for child (C) with fields for name, status, SSN, birthplace, school enrollment, and caregiver information.

Form for child (D) with fields for name, status, SSN, birthplace, school enrollment, and caregiver information.

CA (4) List any parent(s) of the child(ren) or unborn who does not live in the home with you.	COUNTY USE ONLY								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME OF PARENT</td> <td style="width:45%;">REASON THE PARENT DOES NOT LIVE IN THE HOME</td> <td style="width:30%;"></td> </tr> <tr> <td> </td> <td> </td> <td> <input type="checkbox"/> Verif. on File <input type="checkbox"/> MC 13 </td> </tr> </table>	NAME OF PARENT	REASON THE PARENT DOES NOT LIVE IN THE HOME				<input type="checkbox"/> Verif. on File <input type="checkbox"/> MC 13			
NAME OF PARENT	REASON THE PARENT DOES NOT LIVE IN THE HOME								
		<input type="checkbox"/> Verif. on File <input type="checkbox"/> MC 13							
CA (5) Has anyone changed citizenship/immigration status in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">NAME</td> <td style="width:20%;">WHAT CHANGED</td> <td style="width:10%;">DATE</td> <td style="width:50%;">ALIEN NUMBER (IF APPLICABLE)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)					
NAME	WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)						
CA (6) A. Is a foster child living in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who:	YES NO								
CA B. Was the child(ren) placed in your home under a dependency order from the court?									
CA C. Do you want the foster child(ren) and foster care income counted on the CalFresh case?									
CA D. Is the child(ren) enrolled in a health care plan?									
CA (7) Has anyone ever used any other name (maiden, adoptive, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">NAME</td> <td style="width:65%;">OTHER NAME(S) USED</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>NAME</td> <td>OTHER NAME(S) USED</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NAME	OTHER NAME(S) USED			NAME	OTHER NAME(S) USED			
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CA (8) A. Does everyone live in California? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", explain:	YES NO								
CA B. Does everyone plan to stay in California permanently?									
CA C. Does anyone own, lease or maintain a home outside California?									
CA D. Is anyone currently getting public assistance outside California? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:									
CA E. Is anyone planning to leave California for more than 30 days?									
MC (9) Are you 18 to 21 years of age and claimed as a dependent for income tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, who:									
CA (10) A. Has anyone's cash aid or CalFresh/SNAP benefits been stopped due to: non-cooperation during a quality control review, work or training sanctions or failure to meet the CalFresh Able Bodied Adults Without Dependent (ABAWD) work requirement, or for any other reason? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:	YES NO								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">NAME</td> <td style="width:20%;">WHY</td> <td style="width:15%;">WHEN</td> <td style="width:50%;">WHAT COUNTY/STATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	WHY	WHEN	WHAT COUNTY/STATE					
NAME	WHY	WHEN	WHAT COUNTY/STATE						
CA B. Has anyone's cash aid or CalFresh been stopped for a period of time or forever due to welfare fraud or a CalFresh Intentional Program Violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below:	YES NO								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">NAME</td> <td style="width:20%;">WHY</td> <td style="width:15%;">WHEN</td> <td style="width:50%;">WHAT COUNTY/STATE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	WHY	WHEN	WHAT COUNTY/STATE					
NAME	WHY	WHEN	WHAT COUNTY/STATE						
CF (11) Does anyone living with you buy food and fix meals separately from others in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who:	YES NO								
CF (12) Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", who:	YES NO								

CF 13 A. Do you pay someone else for meals and/or a room? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:	COUNTY USE ONLY												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME OF PERSON YOU PAY</td> <td style="width:25%;">CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both</td> <td style="width:15%;">HOW MUCH \$</td> <td style="width:15%;">HOW OFTEN</td> <td style="width:20%;">NO. OF MEALS PER DAY</td> </tr> </table>	NAME OF PERSON YOU PAY	CHECK (✓) <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	HOW MUCH \$	HOW OFTEN	NO. OF MEALS PER DAY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Household Elects</td> <td style="width:50%; text-align: center;">ROOMER</td> </tr> <tr> <td style="text-align: center;">BOARDER</td> <td style="text-align: center;">HH MEMBER</td> </tr> </table>	Household Elects	ROOMER	BOARDER	HH MEMBER			
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BOARDER	HH MEMBER												
CA CF B. Does anyone pay you for meals and/or a room? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:													
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CF 14 Does anyone get food from any of the following programs? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • Communal dining facility for the elderly or disabled • Food distribution program operated by a Native American reservation • Other food program 													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME</td> <td style="width:25%;">NAME OF PROGRAM</td> <td style="width:25%;">NAME</td> <td style="width:25%;">NAME OF PROGRAM</td> </tr> </table>	NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM									
NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM										
CA CF MC 15 A. Does anyone live in any of the following: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:	CF Eligible Institution: <input type="checkbox"/> YES <input type="checkbox"/> NO CA Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO												
<ul style="list-style-type: none"> • Shelter, center • Reservation for Native Americans • Psychiatric hospital/mental institution • Group living arrangement for the disabled/blind • Hospital or nursing home • Subsidized housing for the elderly • Drug or alcohol rehabilitation center • Board and care home • Penal institution/correctional facility 													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">NAME</td> <td style="width:33%;">NAME OF CENTER, SHELTER, HOSPITAL, ETC.</td> <td style="width:17%;">DATE ENTERED</td> <td style="width:17%;">DATE EXPECTED TO LEAVE</td> </tr> </table>	NAME	NAME OF CENTER, SHELTER, HOSPITAL, ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE									
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MC B. Does the person who is in a hospital or nursing home have a spouse or other family member at home? <input type="checkbox"/> YES <input type="checkbox"/> NO													
CA 16 List any child age 6-18 who does not attend school regularly and explain why he/she is not attending regularly. <input type="checkbox"/> No Child Age 6-18	School Attendance Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME</td> <td style="width:75%;">REASON NOT ATTENDING SCHOOL REGULARLY</td> </tr> </table>	NAME	REASON NOT ATTENDING SCHOOL REGULARLY											
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CA CF MC 17 A. Is anyone age 14 or older enrolled in school, college, or a training program? If "YES", complete below: <input type="checkbox"/> YES <input type="checkbox"/> NO	School Enrollment Verif.: <input type="checkbox"/> YES <input type="checkbox"/> NO Date Verified: CF Eligible Student: <input type="checkbox"/> YES <input type="checkbox"/> NO School Enrollment Verif.: <input type="checkbox"/> YES <input type="checkbox"/> NO Date Verified: CF Eligible Student: <input type="checkbox"/> YES <input type="checkbox"/> NO												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">NAME</th> <th style="width:10%;">AGE</th> <th style="width:25%;">NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM</th> <th style="width:15%;">ENROLLED (✓) STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):</th> <th style="width:10%;">UNITS/HOURS PER WEEK</th> <th style="width:10%;">WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	ENROLLED (✓) STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO							
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NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	ENROLLED (✓) STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other (specify):	UNITS/HOURS PER WEEK	WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO								
CA CF B. Complete below for anyone enrolled in college or attending a similar educational institution.	Expenses Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO Date Verified: Financial Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MC 210 S-E												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME</td> <td style="width:25%;">TERM (✓) CHECK STATUS <input type="checkbox"/> Semester <input type="checkbox"/> Year <input type="checkbox"/> Quarter</td> <td style="width:15%;">TUITION/FEES PER TERM \$</td> <td style="width:35%;">BOOKS, EQUIPMENT, ETC., PER TERM \$</td> </tr> <tr> <td>MILES ROUND TRIP PER DAY TO SCHOOL/CHILD CARE</td> <td>DAYS ATTENDING PER WEEK</td> <td colspan="2">TRANSPORTATION USED</td> </tr> <tr> <td>TRANSPORTATION COST PER WEEK \$</td> <td>AMOUNT PAID PER WEEK BY CAR POOL MEMBERS \$</td> <td colspan="2">PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$</td> </tr> </table>	NAME	TERM (✓) CHECK STATUS <input type="checkbox"/> Semester <input type="checkbox"/> Year <input type="checkbox"/> Quarter	TUITION/FEES PER TERM \$	BOOKS, EQUIPMENT, ETC., PER TERM \$	MILES ROUND TRIP PER DAY TO SCHOOL/CHILD CARE	DAYS ATTENDING PER WEEK	TRANSPORTATION USED		TRANSPORTATION COST PER WEEK \$	AMOUNT PAID PER WEEK BY CAR POOL MEMBERS \$	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$		
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TRANSPORTATION COST PER WEEK \$	AMOUNT PAID PER WEEK BY CAR POOL MEMBERS \$	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$											
CA 18 A. Is anyone under age 20 and pregnant or a parent? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:	Referred to: <input type="checkbox"/> Cal-Learn <input type="checkbox"/> CW 25 <input type="checkbox"/> CW 25A <input type="checkbox"/> Referred to Welfare-to-Work												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">NAME</td> <td style="width:10%;">AGE</td> <td style="width:50%;">CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent</td> </tr> </table>	NAME	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent										
NAME	AGE	CHECK (✓) STATUS <input type="checkbox"/> Pregnant <input type="checkbox"/> Teen Parent											
SCHOOL STATUS, CHECK (✓) <input type="checkbox"/> Has a High School Diploma <input type="checkbox"/> Has a GED <input type="checkbox"/> Not Attending School Regularly (explain): <input type="checkbox"/> Currently Attending School Regularly <input type="checkbox"/> Other (explain):													
CA B. Has anyone received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">NAME</td> <td style="width:30%;">WHERE (COUNTY)</td> <td style="width:40%;">DATE(S) RECEIVED</td> </tr> </table>	NAME	WHERE (COUNTY)	DATE(S) RECEIVED										
NAME	WHERE (COUNTY)	DATE(S) RECEIVED											
CA CF 19 Is anyone on strike? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below:	Striker Regs Apply: <input type="checkbox"/> CA <input type="checkbox"/> CF												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">NAME OF STRIKER</td> <td style="width:65%;">NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM</td> </tr> <tr> <td>NAME OF UNION</td> <td> </td> </tr> <tr> <td>DATE WENT ON STRIKE</td> <td>MONTHLY INCOME (BEFORE DEDUCTIONS) EARNED FROM THIS JOB BEFORE THE STRIKE \$</td> </tr> </table>	NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM	NAME OF UNION		DATE WENT ON STRIKE	MONTHLY INCOME (BEFORE DEDUCTIONS) EARNED FROM THIS JOB BEFORE THE STRIKE \$							
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NAME OF UNION													
DATE WENT ON STRIKE	MONTHLY INCOME (BEFORE DEDUCTIONS) EARNED FROM THIS JOB BEFORE THE STRIKE \$												

CA CF (20) Has anyone, including children, worked or does anyone expect to go to work, including part-time and occasional work? Check (✓) "YES" or "NO" for each item. If "YES", complete below:

Has anyone stopped or refused work or training within the last 60 days?	YES	NO
Is anyone working or in training now?		
Does anyone expect to be working or in training in the future? If "YES", what is your anticipated start date?		

COUNTY USE ONLY

(A) (✓) if exempt	CF S/E Farmer
CA MC <input type="checkbox"/> CF Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CF Child	
(B) (✓) if exempt	CF S/E Farmer
CA MC <input type="checkbox"/> CF Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CF Child	

If self-employed: **For CalFresh:** List your business expenses on a separate sheet of paper.
For Cash Aid: Check (✓) how you want your business expenses figured each month:
 40% standard deduction Actual business expenses Monthly average (yearly business costs divided by 12 months). **If actual**, you must list your business expenses on a separate sheet of paper.

(A) NAME
CA CF MC

NUMBER OF HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____	EMPLOYER'S NAME AND ADDRESS
PAY DATE(S)	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
WAGES BEFORE DEDUCTIONS \$ _____ per	DATE LAST CHECK RECEIVED
REASON FOR LEAVING JOB/TRAINING	LAST DAY OF WORK/TRAINING
DATE NEXT CHECK EXPECTED	AMOUNT EXPECTED BEFORE DEDUCTIONS \$ _____
OCCUPATION	
WILL THIS INCOME CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN ANY KNOWN CHANGES HERE:	

Verif(s) on file for:
 (A) (B)

CF: Work history last 120 days
 (A) (B)

(A)	YES	NO
Empl. Statement		
Good Cause Determ		
Voluntary Quit		
(A) <input type="checkbox"/> CA: 28 Days (B) <input type="checkbox"/> CA: 28 Days		
<input type="checkbox"/> CF: 60 days <input type="checkbox"/> CF: 60 days		
<input type="checkbox"/> MC: 30 days <input type="checkbox"/> MC: 30 days		
(B)	YES	NO
Empl. Statement		
Good Cause Determ		
Voluntary Quit		

(B) NAME
CA CF MC

NUMBER OF HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____	EMPLOYER NAME AND ADDRESS
PAY DATE(S)	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
WAGES BEFORE DEDUCTIONS \$ _____ per	DATE LAST CHECK RECEIVED
REASON FOR LEAVING JOB/TRAINING	LAST DAY OF WORK/TRAINING
DATE NEXT CHECK EXPECTED	AMOUNT EXPECTED BEFORE DEDUCTIONS \$ _____
OCCUPATION	
WILL THIS INCOME CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN ANY KNOWN CHANGES HERE:	

CA: S/E Client Chooses:
 (A) (B)
 Actual Actual
 40% deduction 40% deduction
 Annualize Annualize

CA CF MC (21) A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job? If "YES", complete below and (✓) if for work or training.

WHO GETS CARE	WHO PAYS	WHO GIVES CARE	<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING	AMOUNT PAID/HOW OFTEN \$ _____ EVERY
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	<input type="checkbox"/> WORK <input type="checkbox"/> TRAINING	AMOUNT PAID/HOW OFTEN \$ _____ EVERY

Child Care Informing:
 Trustline Informing (CCP 2)
 Health & Safety Certification (CCP 5)
 Dependent Care Verified

DEP. CARE ELIGIBLE	YES	NO
CF		
MC		

CA CF MC B. Does anyone else pay all or part of your child care costs? Include costs paid by a relative or friend not living in the home, Department of Education, Block Grant, etc. If "YES", complete below:

NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$ _____	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$ _____
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$ _____	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$ _____

Is there another person in household who could provide care?
 YES NO

If "YES", who: _____

CF MC (22) Does anyone pay child or spousal support? If "YES", complete below:

WHO PAYS	FOR WHOM	AMOUNT PER MONTH \$ _____
----------	----------	---------------------------

Court Order on File YES NO
 Amount Ordered: \$ _____

CA CF MC (23) Has anyone, including children, applied for or received unemployment or disability insurance benefits in the last 12 months OR expect to receive these benefits in the future? If "YES", complete below:

NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

CA (24) Has anyone received a Diversion cash payment or non-cash services from any county or other state? If "YES", complete below:

NAME	COUNTY/STATE	AMOUNT RECEIVED \$ _____	LIST SERVICES RECEIVED	ESTIMATED VALUE OF SERVICES \$ _____	DATE RECEIVED
------	--------------	--------------------------	------------------------	--------------------------------------	---------------

CA 25 Has any parent living in the home worked or been in training in the past 24 months? YES NO

CF If "YES", complete below: Include all work done in and outside the United States (U.S.). Include work done in exchange for something besides money, such as rent, food, utilities or anything else. Include any paid jobs the county helped you to get. Begin with each person's most recent job or training.

COUNTY USE ONLY

PE/UIB Requirements Earnings from month prior to month of application

App Date: to

Earnings from to

MO/YR 25 A 25 B

A. NAME IS HE/SHE A NATIVE AMERICAN? YES NO

IF "YES", LIST TRIBE:

Table with 6 columns: Name and Address of Employer or Training Program, When Employed (MO DAY YR), Amount Paid, Name and Address of Employer or Training Program, When Employed (MO DAY YR), Amount Paid. Includes checkboxes for Work/Training and payment frequency.

B. NAME IS HE/SHE A NATIVE AMERICAN? YES NO

IF "YES", LIST TRIBE:

Table with 6 columns: Name and Address of Employer or Training Program, When Employed (MO DAY YR), Amount Paid, Name and Address of Employer or Training Program, When Employed (MO DAY YR), Amount Paid. Includes checkboxes for Work/Training and payment frequency.

CF 26 Are all CalFresh household members citizens of the United States (U.S.)? YES NO

If "NO", complete below for each CalFresh household member who is not a citizen of the U.S.

Table with 3 columns: Name of each noncitizen, A. How many years total has this person, their spouse, and/or their parents (before this person was 18 years old) lived in the U.S.?, B. While living in the U.S., in how many of the years reported in Column A did this person, their spouse, and/or their parents (before this person was 18 years old) earn money by working in the U.S.?, C. While living outside the U.S., how many total years did this person, their spouse, and/or their parents (before this person was 18 years old) work in the U.S.?

TOTAL \$ \$ 25 A B

Tribal JOBS Referral

UIB Verif(s) on file

Must apply for UIB

Currently Receiving/ Got/ or UIB eligible in last 12 months

UIB Ineligible Reason:

CA 27 Has anyone been in the U.S. military service or the spouse, parent, or child of a person who has been in the military service? YES NO

CF MC If "YES", complete below:

Table with 6 columns: NAME, U.S. CITIZEN, STATUS, HONORABLE DISCHARGE, BRANCH OF SERVICE, DATE OF SERVICE. Includes checkboxes for YES/NO and Active Duty Military/Veteran.

26 CF: 40 Quarters Verif.

27 CW 5

CF: Noncitizen's Honorable Discharge Verif.

YES NO

COUNTY USE ONLY

Table with 3 columns: PRINCIPAL EARNER (PE) *, DATE OF APPLICATION, QUARTER OF APPLICATION

*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

CA (28) A. Does anyone, including children, get or expect to get money from any source listed below?

CF Check (✓) "YES" or "NO" for each item.
MC

	YES	NO		YES	NO
Work Study, Welfare-to-Work, or other program			VA (Veterans) educational related income		
Other training allowance			VA Aid & Attendance		
Educational grants, loans and scholarships			Social Security disability or supplemental security income/state supplementary payment (SSI/SSP)		
CalWORKs/Cash aid from another state			VA disability		
Refugee (RCA) Assistance			Railroad disability		
Cash Assistance Program for Immigrants (CAPI)			Other disability income from a federal, state, or local governmental agency		
GA/GR (General Assistance/Relief)			Other non-government disability or sick leave		
Workers Compensation			Social Security retirement or survivors		
Child/spousal support or money for medical bills or premiums			Railroad retirement		
Strike benefits			Other retirement income from a federal, state, or local governmental agency		
Loans, gifts, contributions			Other non-government retirement income		
Legal or insurance settlements/ court actions pending			Per capita payments		
Sales of notes, contracts, trust deeds, promissary notes			Winnings (gambling/lottery/bingo, prizes, etc.)		
Military allotment or pension			Other (Explain)		

COUNTY USE ONLY

- Casualty Unit Notified
- CWC 6041
- DHS 6155
- Verif(s) on File
Explain Anticip. Income
- Workers Comp:
 - Temporary
 - Permanent

If "YES", complete below:

NAME	SOURCE	(AMOUNT RECEIVED BEFORE DEDUCTIONS)	WHEN	HOW OFTEN
		\$		
		\$		

(✓) if exempt

CA	CF	MC

CA B. Does anyone expect a change in the amount of money received now, such as a cost-of-living raise?

CF If "YES", complete below:
MC

YES NO

NAME	WHAT	AMOUNT \$	WHEN

CA (29) Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?

CF If "YES", complete below and check (✓) if free or in exchange for work:
MC

YES NO

ITEM RECEIVED	Free	For Work	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM
Housing or rent				\$	
Utilities				\$	
Food				\$	
Clothing				\$	

In-Kind Income:

Verif. on file: YES NO

Partial	Full	Earned	Unearned

CA (30) A. Does anyone own or is anyone buying real estate, such as land and/or buildings anywhere, including outside the U.S.?

CF If "YES", complete below. Include land and/or buildings in which the title is shared.
MC

YES NO

TYPE (LAND, CONDO, APARTMENT, HOUSE)	HOW DO YOU USE THIS PROPERTY? CHECK (✓)	YES	NO	OWNER(S)	ADDRESS OR LOCATION	AMOUNT OWED	RENTAL INCOME
	LIVE IN IT					\$	\$
	LISTED FOR SALE						
	RENTAL PROPERTY						
	OTHER (EXPLAIN):						
	LIVE IN IT					\$	\$
	LISTED FOR SALE						
	RENTAL PROPERTY						
	OTHER (EXPLAIN):						

Home Exempt YES NO

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

Lien Applicable YES NO

Listed for sale YES NO

Home Exempt YES NO

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

Lien Applicable YES NO

Listed for sale YES NO

CA B. Does anyone own a house that is not lived in now that he/she hopes to return to someday?

CF If "YES", complete below:
MC

YES NO

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

Total countable property: Page 7 (List totals on page 9)

CA \$

CF \$

MC \$

CA **CF** **MC** **31) A. Does anyone, including children, have any of the following personal or business-related resources?** Check (✓) each item either "YES" or "NO".
 Include all resources owned, used, controlled, shared or held jointly with any person(s) (even for convenience only). The county will determine whether or not these resources count.

COUNTY USE ONLY

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items			Long term care insurance		
Income tax refund			EBT cash balance from a previous month		
			Other (explain)		

- Trust Fund/Not Court Ordered
- Court Petitioned Date _____
- Resource Verified: Explain how: _____
- Total Value = \$ _____
- Burial Reserve or Trust (MCO) Amount Owed \$ _____
 - Revocable
 - Irrevocable
 - Designated Fund and Current Value \$ _____
- CA Restricted Account

IF "YES", COMPLETE BELOW:

RESOURCE	BUSINESS-RELATED	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$

Check (✓) if exempt		
CA	CF	MC

CA **CF** **MC** **B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?** YES NO
 If "YES", complete below:

NAME	SOURCE OF MONEY	AMOUNT	HOW OFTEN	BUSINESS-RELATED
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO

MC **32) Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services?** YES NO
 If "YES", complete below:

LIEN OR SECURED AMOUNT	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
\$			
\$			

- Verified: YES NO
- Lien Applicable: YES NO
- Security Agreement: YES NO
- MC 174 completed and sent: YES NO

MC **33) A. Does anyone own any personal property, such as:** YES NO

- Non-motorboats, camper shells, non-motor trailers.
- Guns; tools; or sporting equipment, etc.
- Pets or livestock for personal use.
- Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).

If "YES", complete below: Do not include wedding and engagement rings or heirlooms. List jewelry worth more than \$100 and household goods or personal items worth more than \$500 per item.

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$

- Owned Jointly
- Owned Separately
- Personal Property \$500 + for Pickle Program
- Insignificant Value for 1931(b)
- Listed for sale (Specify): _____

MC **B. Does anyone have any business property, including tools, inventory and materials, business equipment, livestock, etc.?** YES NO
 Include any property that is shared or held jointly with any other person(s). If "YES", complete below:

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$

Total Countable Property: Page 8
 (List totals on Page 9)
 CA \$ _____
 CF \$ _____
 MC \$ _____
 Listed for sale (Specify): _____

CA MC CF **34** Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else? (List any property sold or traded within the last 12 months for cash aid, 3 months for CalFresh, and within the last 2 1/2 years (30 months) for Medi-Cal). If "YES", explain what and when: YES NO

COUNTY USE ONLY

Transfer of Assets:
 CA in last 12 months
 CF in last 3 months
 Medi-Cal in last 30 months

LTC ONLY
 Adequate Consideration
 Spenddown

Total Nonexempt Property \$

CA MC **35** Does anyone own, have the use of or have their name on the registration of any motor vehicle, such as: automobile, motorcycle, snowmobile, recreational vehicle, motorboat, etc., even if not running? If "YES", complete below. Look at your registration to get facts for each vehicle: YES NO

Compute Vehicle Valuation in Section Below:

Verifications viewed
 Leased vehicle:
 (1) (2) (3)
 Pickle Program:
 Use Pickle Handbook (Reference Section 9)

	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
OWNER OF VEHICLE						
NAME OF PERSON WHO USES VEHICLE						
YEAR/MAKE/MODEL						
LICENSE NUMBER						
ESTIMATED VALUE	\$		\$		\$	
BALANCE OWED	\$		\$		\$	
LICENSED	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
LEASED	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DO YOU USE THE VEHICLE? Check (✓) each item "YES" OR "NO."	YES	NO	YES	NO	YES	NO
As a Home						
To go to work or training or for job search						
For self-employment, self-support, or business use						
Needed for disabled household member						
To get household's fuel or water						
For recreational use only						

Vehicle Value
 (Enter Date of blue book issue or other documentation)

(1) Date: _____ \$ _____
 (2) Date: _____ \$ _____
 (3) Date: _____ \$ _____

COUNTY USE ONLY - VEHICLES

(C) Fair Market Values-CA

CASH AID	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to (B).	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to (B).	<input type="checkbox"/> YES (Exclude)	<input type="checkbox"/> NO Go to (B).
(B) (1) Equity: exempt one vehicle, regardless of use. (63-501.523) [If "YES", go to (C). If "NO", go to (B)(2).]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(2) Is other vehicle(s) used for job search, employment or training?	<input type="checkbox"/> YES Go to (C). Use Excess Value.	<input type="checkbox"/> NO Go to (C) and (D). Use Greater Value.	<input type="checkbox"/> YES Go to (C). Use Excess Value.	<input type="checkbox"/> NO Go to (C) and (D). Use Greater Value.	<input type="checkbox"/> YES Go to (C). Use Excess Value.	<input type="checkbox"/> NO Go to (C) and (D). Use Greater Value.

FMV			
Minus	Minus \$4,650	Minus \$4,650	Minus \$4,650
Excess Value			

(D) Equity Values-CA

FMV			
Minus Encumbrance			
Equity Value			

MEDI-CAL

	(1)	(2)	(3)
DMV/YR/Class Code	_____	_____	_____
Vehicle Market Value	\$ _____	\$ _____	\$ _____
Less Encumbrances	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Exempt	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

TOTALS: VEHICLE CA
 Excess Value \$ _____
 Equity Value \$ _____

Grand Total Countable Property
 (List totals from pages 7, 8, and 9)

Page	CA	CF	MC
(9)	\$ _____	\$ _____	\$ _____
(8)	\$ _____	\$ _____	\$ _____
(7)	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Pickle Program (Ref. Sec. 9 in Pickle Handbook):	(1)	(2)	(3)
Is vehicle used:	Exempt	Yes No	Yes No
As a home			
For self-employment			
To Go to Work or Medical Appointment			

CA **CF** **(36) A. Does anyone have any housing costs?** **YES** **NO**
 If "YES", complete below:

COUNTY USE ONLY

HOUSING COSTS	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	\$	\$	\$	
House (mortgage) payment	\$	\$	\$	
Property taxes (if not in house payment)	\$	\$	\$	
Insurance (if not in house payment)	\$	\$	\$	
Other (explain)	\$	\$	\$	

Housing verified: YES NO

Total housing: \$ _____

Shared housing: YES NO

CA **CF** **B. Does anyone else pay all or part of these housing costs? Include a relative or friend not living in the home, any rental assistance programs, such as HUD, Section 8, etc.** If "YES", complete below: **YES** **NO**

TYPE OF HOUSING COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		\$	
		\$	

CF **(37) A. Does anyone have any utility costs?** **YES** **NO**
 If "YES", please check all boxes below that apply.

Gas		Garbage or trash	
Electricity		Sewer	
Other fuel (such as propane, butane, wood, coal, etc)		Telephone/other means of communication, such as internet, etc.	
Water		Other (explain)	

Utilities verified: YES NO

Verification not required

CF **B. Do you use gas, electricity or other fuel for heating or cooling?** **YES** **NO**
 If "YES", please check below.

Utility allowance

- SUA
- LUA
- TUA
- None allowed

UTILITY	USED FOR HEATING OR COOLING?
Gas	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electricity	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Fuel	<input type="checkbox"/> YES <input type="checkbox"/> NO

CF **(38) You can authorize someone else in your household or someone outside your household to use your CalFresh benefits to buy food for you. If you would like to authorize someone, complete below:**

CalFresh I.D. Issued

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		()

CA MC 39 Did anyone get medical/pregnancy treatment this month or in the three months before this month? YES NO
If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDICAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

COUNTY USE ONLY

Retroactive Application
 Retro Only
 Retro and Cont.
 MC 210A

CA CF MC 40 Does anyone have MEDICARE coverage? YES NO
If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	FOR	HOW MONTHLY PREMIUM IS PAID		
			DEDUCTED FROM CHECK	OUT OF POCKET	OTHER
		Part A			
		Part B			
		Part A			
		Part B			

MEDICARE referral

CF: DFA 285-C
 Gross Premium \$ _____
 QMB
 SLMB/QI
 QDWI

CA MC 41 Does anyone have health, dental, vision, hospitalization or Long Term Care insurance or health plans, such as Kaiser, Blue Cross, CHAMPUS, etc.? YES NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

State Certified LTC Policy: YES NO

DHS 6155

Benefits Paid Out \$ _____

CA MC 42 Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? YES NO
If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	
		\$	

DHS 6155

CA MC 43 Is anyone's health insurance expected to end or has it ended within the last 60 days? YES NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

DHS 6155

CA MC 44 Does anyone have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs? YES NO
If "YES", complete below:

NAME OF PERSON	TYPE OF PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

Third Party Liability

CA CF 45 A. Does anyone have a medical condition(s) or situation(s) that requires any of the following? Check (✓) each item "YES" or "NO":

	YES	NO	YES	NO
Special diet—prescribed by a doctor			Very high use of utilities	
Special transportation need			Special laundry service	
Special telephone or other equipment			Other (specify):	
Housework (no one in the home can do it)				

Verified: YES NO
 Special Need: YES NO
 Amount: \$ _____

CA CF MC B. Is there a child or disabled person in the household who needs care from another household member? YES NO
If "YES", explain:

CA MC C. Is anyone a disabled person who is working and who has medical expenses (wheelchair, etc.), which are needed for the person to be able to work? YES NO
If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		\$
		\$

Receipts YES NO
 MC 272 MC 273

IRWE (QMB and SGA)

CF: DFA 285-C

CA CF D. Is anyone getting In-Home Supportive Services (IHSS)? YES NO
If "YES", who gets service? _____ How much do you pay each month? \$ _____

<p>CA (46) Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances, such as an earthquake, fire, or flood? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain below.</p>	<p>COUNTY USE ONLY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>Special Need Verified</td> <td></td> <td></td> </tr> <tr> <td>Eligible for Special Need</td> <td></td> <td></td> </tr> </table>			YES	NO	Special Need Verified			Eligible for Special Need		
	YES	NO									
Special Need Verified											
Eligible for Special Need											
<p>CA (47) Are you or any member of the household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", give name of the person:</p>											
<p>CA (48) Have you or any member of your household been found by a court of law to be in violation of probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", give name of the person:</p>											
<p>CA (49) Have you or any member of your household been convicted of a drug-related felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, go to question 50.</p> <p>If Yes, Name: _____ Date convicted: _____ .</p> <p>Was the conviction for any of the following:</p> <ul style="list-style-type: none"> • Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? <input type="checkbox"/> YES <input type="checkbox"/> NO • Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? <input type="checkbox"/> YES <input type="checkbox"/> NO <p>Have you or any member of your household:</p> <p>a) Completed a government recognized drug treatment program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) Participated in a government recognized drug treatment program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c) Enrolled in a government recognized drug treatment program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d) Been placed on a waiting list for a government recognized drug treatment program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e) Stopped the use of controlled substances and have evidence that you have stopped? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, please explain: _____</p>	<p>CF convictions after 8/22/96 CW convictions after 1/1/98</p> <p>Qualifying Drug Felon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Meets felony conditions of eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p>CA (50) The following services are available. Your answers to these questions will not affect your eligibility. Check (✓) each item "YES" or "NO."</p> <p>A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.</p> <ul style="list-style-type: none"> • Do you want more information about CHDP Services? • Do you want CHDP medical services?..... • Do you want CHDP dental services? • Do you need help making appointments or with transportation to CHDP services? <p>B. Do you want more information about immunization services?.....</p> <p>C. If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?</p> <p>D. Are you breastfeeding a child?</p> <p>If "YES", have you given birth within the last 12 months?.....</p> <p>If you checked "YES" to (50) C or D, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).</p> <p>E. Do you or any family member want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.</p>	<p>YES</p>	<p>NO</p>	<p><input type="checkbox"/> CHDP Brochure and Explanation Given Date: _____</p> <p><input type="checkbox"/> CHDP Referral</p> <p><input type="checkbox"/> Social Services Referral (MCO)</p> <p><input type="checkbox"/> Referred for Immuniz.</p> <p><input type="checkbox"/> Pregnant <input type="checkbox"/> Parent or Guardian of child under 5</p> <p><input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum</p> <p><input type="checkbox"/> WIC referral</p> <p><input type="checkbox"/> Family Planning Information Given</p> <p><input type="checkbox"/> Referred Date:</p>								

CERTIFICATION

I understand that:

- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance, etc. And for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.
- All facts, including benefit and income facts, I gave may be reviewed and checked out by county, state, and federal personnel, and that if I gave wrong facts, my cash aid, CalFresh, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) (Formerly INS) to verify immigration status and the facts the county gets from USCIS may affect my eligibility for cash aid, CalFresh, and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident noncitizen (LPR), (b) an amnesty alien with a valid and current I-688, or (c) a noncitizen permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the USCIS.
- I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
- I or other family members will be required to repay any cash aid I should not have received.
- The CalFresh household, any adult member of a CalFresh household (even if he/she moves out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- Any member of my household who is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime or has been found by a court of law to be in violation of their probation or parole cannot get cash aid or CalFresh.
- Any household member who has been convicted after August 22, 1996 of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive CalFresh.
- For cash aid, the county will require that I and certain household members be fingerprint and photo imaged. My benefits may be denied or stopped if I do not cooperate.

I also understand that:

I will get disqualification and/or welfare fraud penalties if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, CalFresh, and Medi-Cal.

For cash aid:

- If I on purpose do not follow cash aid rules, I may be fined up to \$10,000 and/or sent to jail/prison for 3 years. And my cash aid can be stopped:
 - For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third; and for Refugee Cash Assistance, 3 months for the first and 6 months for any later offense.
 - For submitting one or more applications to get aid in more than one case at the same time: 2 years for the first conviction, 4 years for the second, or forever for the third.
 - For conviction of felony thefts to get aid: 2 years for theft of amounts under \$2000; 5 years for amounts of \$2000 through \$4999.99; and forever for amounts of \$5000 or more.
 - 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 false proof 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: forever.

For CalFresh:

- If on purpose I do not follow CalFresh rules, my CalFresh will be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
 - I traded or sold CalFresh benefits for firearms, ammunition, or explosives, my CalFresh benefits can be stopped forever for the first violation.
 - I traded or sold CalFresh benefits for controlled substances, my CalFresh benefits can be stopped for 24 months for the first violation and forever for the second.
 - I traded or sold CalFresh benefits that were worth \$500 or more, my CalFresh benefits can be stopped forever.
 - I filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, my CalFresh benefits can be stopped for 10 years.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT CALFRESH HOUSEHOLD MEMBER OR CALFRESH AUTHORIZED REPRESENTATIVE)			DATE
SIGNATURE (SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE

COUNTY USE ONLY																			
ELIGIBILITY FACTORS REVIEWED						ELIGIBILITY FACTORS REVIEWED						CalFresh TESTS							
		CA		CF		MC				CA		CF		MC					
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES NO NA			
Residency																			
Deprivation																			
Age																			
Immunizations																			
Citizen/Eligible noncitizen																			
School enrollment																			
Pregnancy verif./ WIC Referral	/	/																	
SSN																			
Income—Applicant/Recipient test(s)																			
SFIS																			
TANF Time Limits																			
CalWORKs Time Limits																			
						Property/Resources—Within limits													
						Work participation													
						Employment & Training (E & T)													
						ABAWDs													
						CFAP													
						Sponsored noncitizen Federal participation established (If "NO", explain)													
						Referred for Health Care Options (HCO) Presentation													
												Categorically Eligible							
												Gross Income Test Household Size							
												Gross Monthly Income \$							
												Gross Income Eligible							
												Separate HH Income Test Household Size							
												Gross Monthly Income \$							
												Eligible for Separate HH Status							
												Aged/Disabled							
												DFA 285-C							
												Gross Income less than \$150 and cash on hand, checking and savings accounts of \$100 or less?							
												Combined gross income and liquid resources less than the combined rent/mortgage and appropriate utility allowance?							
												Migrant/seasonal farm worker household with liquid resources not exceeding \$100?							

COMMENTS

AU Size:	Non-AU Size:	AU/MFBU Size:
<input type="checkbox"/> INELIGIBLE (REASON)		
<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> REDETERMINATION	<input type="checkbox"/> DIVERSION <input type="checkbox"/> EXEMPT MAP	AUTHORIZATION DATE
ELIGIBILITY CONDITIONS MET (DATE):		EFFECTIVE DATE
WORKER'S SIGNATURE		DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)		DATE

CF:	HH Size:
<input type="checkbox"/> INELIGIBLE (REASON)	
<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> RECERTIFICATION	AUTHORIZATION DATE
WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE