

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



April 5, 2000

ALL COUNTY INFORMATION NOTICE NO. I-37-00

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CalWORKs PROGRAM SPECIALISTS  
 ALL FOOD STAMP COORDINATORS  
 ALL WELFARE TO WORK COORDINATORS

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation  
 Change  
 Court Order  
 Clarification Requested by  
 One or More Counties  
 Initiated by CDSS

SUBJECT: REVISION OF THE SAWS 1 (03/00), COVERSHEET AND APPLICATION FOR CASH AID, FOOD STAMPS AND/OR MEDI-CAL/STATE-RUN COUNTY MEDICAL SERVICES PROGRAM; AND CW 8A (03/00), STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16

REFERENCE: ALL COUNTY INFORMATION NOTICE NO. I-47-99

This letter transmits copies and information regarding the following forms:

- SAWS 1 (03/00), Coversheet and Application for Cash Aid, Food Stamps, and/or Medi-Cal/State-Run County Medical Services Program (CMSP);
- CW 8A (03/00), Statement of Facts To Add a Child Under Age 16.

The SAWS 1 is revised primarily to update the narrative in the Diversion section on page 1 of the Coversheet. Other changes include updating, simplifying or correcting existing narrative. The SAWS 1 (03/00) replaces the SAWS 1 (1/98) and the SAWS 1 (4/99).

The CW 8A is revised to streamline the choices in the "CITIZEN/NONCITIZEN STATUS" section to: "US Citizen/National" or "Noncitizen." A subset "Yes/No" question asks if the noncitizen is "Sponsored." These changes parallel those of the SAWS 2 (7/99) and CA 8 (7/99), which were transmitted in ACIN I-47-99. As stated in that ACIN, the county will determine the noncitizen's appropriate category and eligibility status based upon the documentation submitted by the client. The county shall not require an individual to state whether he/she or anyone in the household is undocumented.

Implementation

Counties should begin using the SAWS 1 (03/00) as soon as administratively feasible. The CW 8A (03/00) should be used immediately, and counties should destroy old stock.

### Stock

Stock of the SAWS 1 (03/00) is expected to be available 30-45 days from the release of this letter. Stock of the English and Spanish versions of the SAWS 1 may be ordered from the CDSS Warehouse according to the forms ordering procedures in the County Forms Catalog upon receipt of the Notice of Form Change (GEN 127), which is issued when stock is available. The CW 8A (03/00) is a camera-ready only form; no stock will be made.

### Translations and Camera-Ready Copies

Translations will be available in approximately 30 days. For Chinese, Cambodian, Vietnamese, and Russian versions of the forms, counties should call Language Translation Services (LTS) at (916) 657-1282 or CALNET 464-1282. If you need several forms, please FAX your request to (916) 657-3429 or e-mail your request to [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov). If your county is on the LTS mailing list, your Forms Coordinator now receives all translations as soon as they become available. Once you have established an e-mail address, please contact the Forms Management Unit (FMU) by telephone or e-mail at [fm@dss.ca.gov](mailto:fm@dss.ca.gov). FMU will then place you on their e-mail list.

For camera-ready copies of the English and Spanish versions of the forms, and Notice of Form Change (GEN 127), counties should call FMU at (916) 657-1907 or CALNET 437-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Counties shall provide bilingual/interpretive services and written translations to non-English speaking populations as required by Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

### Forms Designation and Modification of Forms

The forms designation for the SAWS 1 is "Required Form – Substitute Permitted." County Welfare Departments (CWDs) must obtain prior approval from the California Department of Social Services (CDSS) and/or Department of Health Services (DHS) before implementing a modification or substitution to this and other "Substitute Permitted" forms. For CalWORKs and/or Food Stamp Program changes, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22 and Food Stamp Regulations 63-1250. For proposed Medi-Cal/State CMSP changes to the SAWS 1, CWDs should forward a change request to the DHS, Medi-Cal Eligibility Branch. The CW 8A is "Recommended."

Contacts

If you need additional information, please contact staff regarding the specific program areas:

This letter and attachments: Terry Mallin @ [terry.mallin@dss.ca.gov](mailto:terry.mallin@dss.ca.gov),  
(916) 653-8395/CALNET 453-8395;

Food Stamp Program: Cindy MacDonald (916) 654-1898  
CALNET 464-1898;

Translations: Shirley LuKung (916) 654-1277/CALNET 464-1277;

Medi-Cal: Alice Mak (916) 654-0573/CALNET 464-0573.

Sincerely,  
***Original Signed by***  
***Charr Lee Metsker***  
***On 4/5/2000***  
CHARR LEE METSKER, Chief  
Employment and Eligibility Branch

Attachments

c: CSAC  
CWDA



## COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help to apply for or keep getting cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, FOOD STAMPS, OR MEDI-CAL/STATE CMSP, INCLUDING IMMEDIATE NEED, HOMELESS ASSISTANCE, OR FOOD STAMP EXPEDITED SERVICE, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

FOR CASH AID AND FOOD STAMPS, the county will tell you if and when you need to be fingerprint and photo imaged in order to get benefits.

TO GET IMMEDIATE NEED AND/OR HOMELESS ASSISTANCE, you must appear to be eligible for Cash Aid. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your social security number(s), trying to get income available to you, and agreeing to cooperate with the district attorney about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

FOOD STAMPS — Date of Eligibility

If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

### CASH AID IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you do not have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

### CASH AID HOMELESS ASSISTANCE

If you are homeless, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

### CalWORKs DIVERSION SERVICES

Diversion services can help applicants who need some assistance but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.

After reviewing your facts, the county will tell you if you would be eligible for Diversion services. If eligible and you choose to get a Diversion cash payment or non-cash services instead of cash aid:

- You will get a denial notice for cash aid.
- Your cash aid may be lowered or the amount of time you can get cash aid may be reduced if you go on aid later.

**APPLICANTS FOR FOOD STAMPS:** All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

### FOOD STAMP EXPEDITED SERVICE

You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE:

- Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (**see the other side of the page for definitions of income and liquid resources**),  
OR
- No more than \$100 liquid resources and less than \$150 income for the month before deductions,  
OR
- No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, **complete Items 1 - 17 on the attached application**; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

### MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for CalWORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, tell the county and check "YES" in both parts of Item 12.

### MEDI-CAL/STATE CMSP - MEDICAL EMERGENCY/ PREGNANCY

If you have a medical emergency or are pregnant AND want Medi-Cal/State CMSP as soon as possible, complete Items 1-13. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

## WHAT WE MEAN WHEN WE SAY:

- **CalWORKs:** California Work Opportunity and Responsibility to Kids Program.
  - **Cash Aid:** Aid from CalWORKs and/or Refugee Cash Assistance (RCA) programs.
  - **Diversion Services:** A lump sum cash payment or non-cash services instead of going on cash aid.
  - **Food Stamps:** Benefits for low income households to help buy food.
  - **Food Stamp Expedited Service:** Getting food stamps within 3 days.
  - **Medi-Cal:** Medically necessary benefits for eligible persons.
  - **Medi-Cal Presumptive Eligibility (PE):** Temporary Medi-Cal coverage from certain doctors or clinics for many out-patient prenatal care services.
  - **State CMSP:** Medically necessary benefits for eligible adults who are not on Medi-Cal and who live in some rural counties.
  - **Restricted Medi-Cal:** Medical Care for emergency and pregnancy only.
  - **Restricted State CMSP:** Emergency care only.
  - **Authorized Representative:** A person picked by an applicant or recipient for food stamps and/or Medi-Cal, who can take care of some of their business.
  - **Head of Household:** A responsible member of the food stamp household.
  - **Income:** Money received or expected, such as:
    - Earnings, welfare, child/spousal support, Supplemental Security Income/State Supplementary Program (SSI/SSP), or Cash Assistance Program for Immigrants (CAPI);
    - Unemployment Insurance Benefits (UIB), State Disability Insurance (SDI), Veterans Benefits (VA), or other disability payments;
    - Strike funds; payments from roomers and boarders; school grants and loans;
    - Cash gifts, cash winnings, any other cash payments.
  - **Liquid Resources:** Money other than income, such as:
    - Cash on hand, uncashed checks; money in checking accounts, savings accounts; or saving certificates;
    - Trust deeds, notes receivable, stocks or bonds, etc.
  - **Utilities:** Gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.
  - **You, Anyone, Everyone:** Any and all persons who live in your home.
- **FRAUD AND PERJURY:** Fraud and perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, food stamps, and Medi-Cal/State CMSP. Perjury means that you lied when you swore under oath to give true, correct, and complete facts. If you lie about facts or **on purpose** do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud.
  - **If you are found guilty of committing fraud, you may be fined up to \$10,000 for cash aid and \$250,000 for food stamps and/or sent to jail/prison for 3 years for cash aid and 20 years for food stamps. Cash aid and/or food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.**
  - **SOCIAL SECURITY NUMBER (SSN) RULES:** We computer match SSNs against records from tax, welfare, employment, the Social Security Administration, and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also match SSNs to be sure that you are not getting aid in more than one case, or in another county or state; and for cash aid and food stamps, with law enforcement agencies for outstanding arrest warrants.

**Cash aid and food stamps:** You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give us your SSN(s) or proof of application for the SSN within 30 days of application and give the SSN to the county when you get it.

**Medi-Cal/State CMSP:** Each applicant for Medi-Cal/State CMSP who has a SSN is asked to give it to the county. Any U.S. citizen, U.S. national, amnesty alien with a valid and current I-688, alien with lawful permanent residence in the U.S. (LPR), or alien permanently residing in the U.S. under color of law (PRUCOL) who refuses to give an SSN or proof of application for an SSN, will not be able to get Medi-Cal/State CMSP. Any alien who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

## COMPLAINTS

If you think you have been discriminated against, contact your county's civil rights representative or write to:  
State Civil Rights Bureau  
P.O. Box 944243  
Sacramento, CA 94244-2430  
or call collect (916) 654-2107  
or for the hearing or speech impaired  
TDD 1 - (916) 654-2098

For other kinds of complaints, contact your county first. If you and the county cannot agree, write or call to:  
Public Inquiry and Response (PIAR)  
744 P Street, M.S. 16-23  
Sacramento, CA 95814  
Phone 1 - (800) 952-5253  
or for the hearing or speech impaired  
TDD 1 - (800) 952-8349

## STATE HEARINGS

You must ask for the hearing within 90 days of the county's action and you must tell why you want a hearing. You can ask for a State Hearing by writing to your local county welfare office or by calling one of the phone numbers listed for PIAR above, if you:

- Do not agree with any action taken by the county, or
- Are asking for a state hearing for cash aid, food stamps, Medi-Cal, or
- Think you are not getting the right State CMSP service.

To appeal all State CMSP eligibility issues, you can **only write** to your county.

## OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid, food stamps and Medi-Cal at the same time and have one interview for all.
- You have the right to fill out this form yourself or, if you ask, have someone help you.
- **OVERPAYMENTS/OVERISSUANCES:** means you got more cash aid or benefits than you should have gotten. You will have to pay it back even if the county made an error. Your cash aid or food stamps will be lowered or stopped. Your Medi-Cal/CMSP share of cost may be changed.

# APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST) _____ 3. MAIDEN OR OTHER NAME (IF ANY) _____		2. SOCIAL SECURITY NUMBER (SSN) _____	<b>COUNTY USE ONLY</b>																		
4. HOME ADDRESS: NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____		5. MAILING ADDRESS (IF DIFFERENT) CITY _____ STATE _____ ZIP CODE _____																			
6. TELEPHONE NUMBER(S): HOME _____ WORK _____ MESSAGE _____ ( ) ( ) ( )		<b>CASE NAME</b> _____ <b>CASE NUMBER</b> _____ <b>DATE RECEIVED</b> _____																			
7. Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO HOME If not permanent, please explain: _____		<b>TYPE OF APPLICATION:</b> CA: <input type="checkbox"/> CA <input type="checkbox"/> RCA FS: <input type="checkbox"/> Initial <input type="checkbox"/> Recert <input type="checkbox"/> Rest MC: <input type="checkbox"/> <b>CMSP:</b> <input type="checkbox"/>																			
8. Is anyone applying for: Cash Aid <input type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO Medi-Cal <input type="checkbox"/> YES <input type="checkbox"/> NO State CMSP <input type="checkbox"/> YES <input type="checkbox"/> NO Any Other Program(s) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain: _____		<b>Homeless:</b> FS: <input type="checkbox"/> YES <input type="checkbox"/> NO CA: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CA 42																			
9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/State CMSP/Medicaid or Diversion cash or non-cash services? If "YES", list: _____ TYPE OF AID/BENEFIT _____ DATE(S) RECEIVED _____		<input type="checkbox"/> State called <input type="checkbox"/> Pickle Screening <input type="checkbox"/> Diversion																			
10. The law says we must record your ethnic group and language. This won't affect your eligibility. <b>a. Ethnic Group</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian		<b>Ethnic Group:</b> _____																			
<b>b. Language</b> <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Other (Specify): _____		<b>Primary Language:</b> _____																			
11. Is anyone a migrant or seasonal farmworker? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Presumptive Eligibility input																			
12. Is anyone pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", did she get a Presumptive Eligibility card? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Referral Date: _____																			
13. Does anyone have a personal emergency? If "YES", check (✓) type: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Immediate Medical Need <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other emergency which threatens health or safety. Explain: _____		<b>CA IN</b> <input type="checkbox"/> Denied/NOA prep <input type="checkbox"/> Approved <input type="checkbox"/> Expedited Grant <input type="checkbox"/> Applicant requested CWD to complete SAWS 1 _____ (Initials)																			
<b>IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENT .....FILL IN ITEMS 14 - 18.</b> <b>FOOD STAMP EXPEDITED SERVICE .....FILL IN ITEMS 14 - 17.</b>																					
14. How much liquid resources does everyone, including children, have? <input type="checkbox"/> Cash, uncashed checks or money orders \$ _____ <input type="checkbox"/> Checking/savings or credit union account(s) \$ _____ <input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ _____ <input type="checkbox"/> Other (explain) \$ _____		17. How much are your utilities that are not included in your rent this month? \$ _____																			
15. How much income did everyone, including children, get or will they get this month? Date Amount Date Amount _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">YES</td> <td style="width:20%; text-align: center;">NO</td> </tr> <tr> <td>18. Do you have an eviction notice or notice to pay or quit?</td> <td></td> <td></td> </tr> <tr> <td>Have your utilities been shut off or do you have a shut-off notice?</td> <td></td> <td></td> </tr> <tr> <td>Will your food run out in 3 days or less?</td> <td></td> <td></td> </tr> <tr> <td>Do you need essential clothing, such as diapers or clothing needed for cold weather?</td> <td></td> <td></td> </tr> <tr> <td>Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?</td> <td></td> <td></td> </tr> </table>			YES	NO	18. Do you have an eviction notice or notice to pay or quit?			Have your utilities been shut off or do you have a shut-off notice?			Will your food run out in 3 days or less?			Do you need essential clothing, such as diapers or clothing needed for cold weather?			Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?		
	YES	NO																			
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Do you need essential clothing, such as diapers or clothing needed for cold weather?																					
Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?																					
16. How much is your rent or mortgage this month? \$ _____		<b>FS E.S.</b> <input type="checkbox"/> E.S. questions not completed <input type="checkbox"/> Screened for E.S.: Date _____ _____ (Initials)																			
<ul style="list-style-type: none"> <li>• I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified.</li> <li>• I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service.</li> <li>• <b>I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.</b></li> </ul>		<b>FS Referral for:</b> <input type="checkbox"/> E.S. Processing <input type="checkbox"/> Regular Processing <input type="checkbox"/> CWD records cleared <input type="checkbox"/> MEDS CDB cleared <input type="checkbox"/> IEVS initiated <input type="checkbox"/> Copy of SAWS 1 and coversheet given to applicant																			
19. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE _____		DATE SIGNED _____																			
SIGNATURE OF WITNESS TO MARK OR INTERPRETER _____		DATE SIGNED _____																			
		COUNTY OF APPLICATION _____																			
		COUNTY OF RESIDENCE (IF DIFFERENT) _____																			

# STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16

(Supplemental Application and Request for Cash Aid and/or Food Stamps)

### INSTRUCTIONS:

Fill out this form for a new child in the home and sign the Certification section. If you need more space, attach another sheet of paper. Use one form for each child.

If you get Cash Aid, and you want aid for the new child, this form must be filled out by the parent or adult caretaker relative.

For Food Stamp households which do not get or want to get Cash Aid, this form must be filled out by an adult household member or authorized representative.

### COUNTY USE ONLY

CASE NAME
CASE NUMBER
WORKER NAME AND NUMBER
DATE RECEIVED

CHILD NEEDS AID DUE TO PARENT'S			
<input checked="" type="checkbox"/> BELOW			
DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT

1. Parent's or Caretaker Relative's Name	Phone ( )
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### 2. Give us all the facts for this child.

CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME	
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE (MONTH, DAY, YEAR)	BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF AID REQUESTED <input checked="" type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps		CITIZEN/NONCITIZEN STATUS <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Noncitizen: <input type="checkbox"/> Sponsored <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	IF CHILD IS UNDER AGE 6, ARE IMMUNIZATION SHOTS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not under age 6	

AU	Non-AU	MFG Child <input type="checkbox"/> Yes <input type="checkbox"/> No	FS Non-HH Excl. Member Code:
Work Registration/Exemption Codes:			
WtW:		FS:	
VERIF: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Immun.			
Alien Reg. No.		D.O.E.	
<input type="checkbox"/> CA and FC Elig/CR Chooses:			
Child <input type="checkbox"/> CA <input type="checkbox"/> Foster Care		CR <input type="checkbox"/> CA <input type="checkbox"/> None	
<input type="checkbox"/> Verification provided			

### 3. Did the child get cash aid or food stamps this month? YES NO

If "YES", complete below:

TYPE OF AID <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps	WHERE (County, State)
--	-----------------------

### 4. Does the child get or expect to get any income, such as: YES NO

Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc. If "YES", complete below:

TYPE OF INCOME	AMOUNT (Before Deductions, if any)	WHEN	HOW OFTEN
	\$		

<input type="checkbox"/> Verification provided			
<input type="checkbox"/> FC Income Counted on FS Case <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> CA Eligible for Higher MAP			
Income <input checked="" type="checkbox"/> if exempt			
Unearned	Earned	CA	FS

### 5. A. Complete below if you want cash aid for this child and the child is between ages 6 to 16. Does he/she attend school regularly? YES NO

If "NO", explain why he/she does not attend regularly:  Not Age 6-16

### B. Is the child pregnant or a teen parent? YES NO

If "YES", Check  status:  Pregnant  Teen Parent

SCHOOL STATUS, CHECK

Has a High School Diploma  Has a GED  Not Attending School (explain):

Currently Attending School  Other (explain):

Verified:

Referred to Cal-Learn

CA 25

CA 25A

### C. Has the child received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program? YES NO

If "YES", complete below:

WHERE (COUNTY)	DATE(S) RECEIVED
----------------	------------------

### 6. Has the parent(s) of this child been in the United States (U.S.) military? YES NO

If "YES", complete below:

NAME OF PARENT	PARENT A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------	--	-------------------	------------------	--

CA 5  YES  NO

Date Initiated \_\_\_\_\_

FS: Honorable Discharge  YES  NO

### 7. Complete below if you want food stamps for this child and the child is not a citizen of the U.S.

A. How many years total has this child and/or his/her parents lived in the U.S.?

B. While living in the U.S., in how many of the years did this child and/or the child's parents earn money by working in the U.S.?

C. While living outside the U.S., how many total years did this child and/or the child's parents work in the U.S. or for a U.S. company?

<b>8. Does the child own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? If "YES", complete below:</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>COUNTY USE ONLY</b>
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE	<input type="checkbox"/> Verification provided <input type="checkbox"/> CA Restricted Account <input checked="" type="checkbox"/> Check if exempt <input type="checkbox"/> CA <input type="checkbox"/> FS	
			\$		
<b>9. Does the child have Medicare or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? If "YES", list insurance coverage:</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Verification provided  Health Coverage Code:
<b>10. Is the child hiding or running from the law for a felony, to avoid a felony prosecution, custody or confinement after conviction, or in violation of parole or probation?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>11. Has the child been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? If "YES", give facts for cash aid, for convictions on or after 1/1/98; and for food stamps, for crimes and convictions after 8/22/96.</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE CONVICTED		DATE CRIME COMMITTED			

<b>12. A. If you can get cash aid, eligible members of your family under age 21 may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP).</b>			<b>YES</b>	<b>NO</b>	<input type="checkbox"/> CHDP brochure and explanation given <input type="checkbox"/> CHDP Referral <input type="checkbox"/> Date:
• Do you want more facts about CHDP services? .....					
• Do you want free CHDP medical or dental services?.....					
• Do you need help making appointments or getting to the doctor or dentist? .....					
<b>B. Do you want more facts about immunization services? .....</b>					<input type="checkbox"/> Referred for Immunization
<b>C. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs?.....</b>					<input type="checkbox"/> Other services referral
<b>D. Does anyone who is pregnant need to find a doctor, get medical transportation, and/or other help?.....</b>					<input type="checkbox"/> Pregnant <input type="checkbox"/> Parent or Guardian of child under 5
<b>E. Is anyone breastfeeding a child?..... If "YES", was the birth within the last three months? .....</b>					<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum <input type="checkbox"/> WIC referral
<b>F. Do you want to get facts or services from a Family Planning Clinic to help you plan your family size and prevent unplanned pregnancies? .....</b>					<input type="checkbox"/> Family Planning info given Date Referred:

**CERTIFICATION**

**I understand that:**

- If I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility and aid payments, I may be fined, jailed/imprisoned, or both. I can be fined up to \$10,000 for cash aid and \$250,000 for food stamps. I can be sent to jail/prison for up to 3 years for cash aid and 20 years for food stamps. And benefits for cash aid and food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.
- My case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.
- The facts I give will be checked out by local, state, and federal personnel.
- The county will send facts to the Immigration and Naturalization Service (INS) for proof of immigration status.
- The facts the county gets from INS may affect eligibility for cash aid and food stamps.
- The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child's eligibility for cash aid and/or food stamps and to prove that I am getting the right amount of cash aid or food stamps. And the social security number will be matched with law enforcement agency records for arrest warrants.

**I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts is true, correct, and complete.**

**WHO MUST SIGN THIS FORM:** For Cash Aid, you and your aided spouse or the other parent (if living in the home) of an aided child. For Food Stamps, an adult household member or authorized representative.

SIGNATURE OF CARETAKER RELATIVE AND/OR ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE
SIGNATURE OF CASH-AIDED SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME) OF CASH-AIDED CHILD	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

**COUNTY USE ONLY**

<input type="checkbox"/> INELIGIBLE (Reason)				IMMUNIZATION	
<input type="checkbox"/> ELIGIBLE				<input type="checkbox"/> Informing (TEMP CW 101/101A)	
Eligibility Conditions Met - Date:	Authorization Date:	Effective Date of Aid:		Regs Met:	
Signature of County Worker	Date	Signature of Supervisor		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				Date	