

COUNTY OF

Date:

Case Name:

Case Number:

Worker Name:

Worker ID:

Worker Phone Number:

**SAR 7 ELIGIBILITY STATUS REPORT**  
**For Cash Aid and CalFresh**

Need Help? Call the County.

- If you do not send in a complete report including, but not limited to, answering all questions on the SAR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or being stopped.
- Send in your completed report by the 5th of the month after the report month. It is late after the 11th.

**Examples**

**Income**

- Wages
- Vacation pay
- In-Home Supportive Services (IHSS)
- Child/spousal support
- Insurance or legal settlements
- Rental income and rental assistance
- Any government benefits
- State Disability Indemnity
- Self-Employment
- Tips
- Interest or dividends
- Strike benefits
- Tax refunds
- Unemployment
- Social Security
- Supplemental Security Income/State Supplementary Payment (SSI/SSP)
- Salary
- Income In-kind, such as earned housing, free housing/utilities/clothing/food
- Gambling/Lottery winnings
- Cash, gifts, loans, scholarships
- Other private or government disability or retirement
- Workers Compensation
- Veterans or Railroad retirement

**Property**

- Motor vehicles
- EBT cash aid balance
- Home
- Checking
- Saving Bonds
- Land
- Mortgage
- Homeowners insurance
- Savings
- Life Insurance policies
- Trusts
- Property taxes
- Garbage/trash collection fees
- Rent
- Utilities
- Medical expenses
- Health insurance premiums
- Child/dependent Care
- College tuition & supplies
- Mandatory school fees
- Child/spousal support
- Transportation
- Room & Board
- Housing costs

**Housing**

**Costs**

**Expenses**

Gross income means the amount you get before deductions are taken out (Examples of deductions are: Taxes, Social Security or other retirement contributions, health care plan premiums, garnishments, etc.).

**Penalties**

**PENALTIES FOR CASH AID FRAUD:** If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

**Your 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 offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: 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 wrong facts 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.

**PENALTIES FOR CALFRESH FRAUD:** If on purpose you do not follow CalFresh rules, your CalFresh benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

**If you are found guilty in any court of law or administrative hearing because:**

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation.
- You traded or sold CalFresh benefits for controlled substances, your CalFresh benefits can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever.
- You gave the county false identify or residence information, so you can get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.

## REPORTING CHANGES FOR CASH AID AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

**Because you get ☐ Cash Aid ☐ CalFresh, you must report within 10 days when your TOTAL income reaches a certain level.** You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Benefit Month: \_\_\_\_\_

Benefit Type	CalWORKs	CalFresh
Family Size		
Your Current Income		
<b>Your IRT is</b>		

**Note:** If your IRT for CalFresh is listed as "N/A", you are not required to report income changes for CalFresh until your next SAR 7 or recertification, whichever comes first. However, if you have an IRT amount listed for CalWORKs, you must report when your gross income goes over that amount.

### How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the county or reporting it in writing.

By "total monthly income" we mean:

- ▶ Any money you get (both earned **and** unearned).
- ▶ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

### What will happen?

- ▶ Your benefits may be lowered or stopped based on income over your IRT.
- ▶ Your IRT may change when your income changes or when someone moves in or out of your home.
- ▶ The County will let you know in writing each time your IRT changes.
- ▶ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

### Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you might get more benefits than you should. You **must** repay any extra benefits you get. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime and/or may no longer get CalFresh for a period of time or life.

**If you get Cash Aid, you MUST ALSO report the things below within 10 days of when they happen:**

1. Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
2. Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
3. Anytime you have an address change.

**If you get CalFresh, you MUST ALSO report the following:**

- If you are an Able Bodied Adult Without Dependents (ABAWD), you must report anytime your work or training hours drop to *less* than 20 hours a week or 80 hours a month.

### Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

**Note:** Some changes you report voluntarily may result in a decrease in your CalFresh benefits.

## SAR 7 ELIGIBILITY STATUS REPORT



COUNTY OF \_\_\_\_\_

Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Worker ID: \_\_\_\_\_  
 Worker Phone Number: \_\_\_\_\_  
 Customer ID: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REPORT MONTH \_\_\_\_\_

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1ST AND RETURN IT BY \_\_\_\_\_ 5TH  
 SUBMIT MONTH SUBMIT MONTH

Check the box if you would like to STOP getting any of the following: ☐ STOP my CalWORKs ☐ STOP my CalFresh  
☐ STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? ☐ Yes ☐ No (If yes, complete the section below).

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported? ☐ Yes ☐ No (If yes, complete the section below.)

New Address: \_\_\_\_\_ Date Moved: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ \_\_\_\_\_ If paid separately, your property taxes and home insurance per month now? \$ \_\_\_\_\_

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:

☐ Phone ☐ Trash ☐ Water ☐ Electric/Gas ☐ Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:

A. Running from an outstanding warrant?

B. Found by a court to be in violation of probation or parole?

☐ Yes ☐ No (If yes, complete the section below.)

Name of person	A or B from above	In what state was the warrant issued, or did violation happen?	Date of warrant or violation

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below and attach proof:

Who had the change?

Amount of increase:  
\$ \_\_\_\_\_

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? ☐ Yes ☐ No If yes, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ \_\_\_\_\_. Who paid support? \_\_\_\_\_

7. Dependent Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last reported, please complete the section below and attach proof:

What was the amount paid out-of-pocket in the Report Month? \$ \_\_\_\_\_

Who paid: \_\_\_\_\_ List dependent(s): \_\_\_\_\_

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported?

☐ Yes ☐ No (If yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper.)

Who?	Type of Property?	When?	Amount/Value?	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

**9. Did anyone get income from employment in the Report Month?** ☐ Yes ☐ No (If yes, complete the section below and **attach proof.**) The **Report Month** is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc. **If you lost your job, attach proof.**

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income/Employer name:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ DATE(S) RECEIVED:	\$ DATE(S) RECEIVED:	\$ DATE(S) RECEIVED:
Hours worked per month:			

**10. Will there be any changes to your income from employment in the next six months (including income listed in #9)?** ☐ Yes ☐ No (If yes, explain here and **attach proof.**) Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.

**11. Did anyone get money from any other source in the Report Month:** ☐ Yes ☐ No (If yes, complete the section below and **attach proof.**) The **Report Month** is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veterans Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc. If you no longer get money from a source you previously reported, **attach proof.**

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

**12. Will there be any changes to money received from any other source in the next six months (including income listed in #11)?** ☐ Yes ☐ No (If yes, explain here and **attach proof.**) Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

**13. CalWORKs only: Have any of the following happened to anyone in your home since you last reported?** ☐ Yes ☐ No (If yes, check below and **attach proof.**):

- ☐ Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- ☐ Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- ☐ Disability (Became disabled or recovered from a disability or major illness?)
- ☐ Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ Custody (Any change in the amount of time you care for/have custody of your children?)
- ☐ In-Home Support Services (Started or stopped getting services?)
- ☐ School Attendance  
For Age 18 or older student - started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- ☐ Someone paid for all of my housing, food, clothing or utility costs (please explain). \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Please read carefully, sign, and date.**

**By signing this form:**




- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

### CERTIFICATION - FRAUD WARNING

**I UNDERSTAND THAT:** If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.** I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

**WHO MUST SIGN BELOW:** **For Cash Aid:** You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. **For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

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