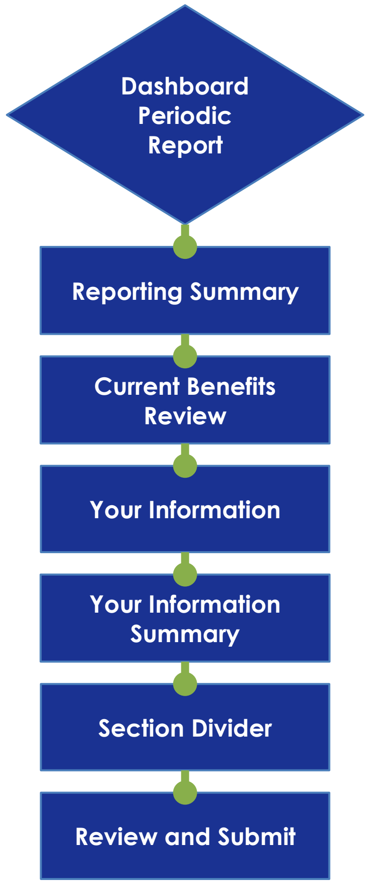
BenefitsCal | Quick Guide: Periodic Reporting

Purpose

The purpose of this BenefitsCal Quick Guide is to provide instructions to assist Customers with completing a periodic report (sometimes referred to as the SAR7 form) for CalFresh, CalWORKs, and Medi-Cal benefits.

The example included within this Quick Guide is for the CalFresh and CalWORKs programs. The example is a simple address change being reported.

High-Level Process Flows



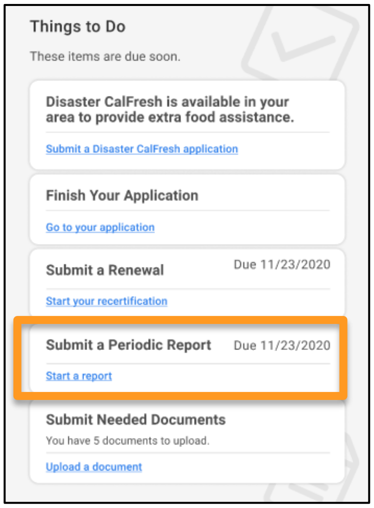
FAQs

Q: How will a Customer know that a Periodic Report (SAR7) form is due?
A: Customers will see a periodic report reminder within their dashboard, within the Things to Do section. Customers may also receive a notice that displays within the Message Center.

Q: Do Customers have to complete a new Periodic Report if something changes after they complete the report?
A: Customers should report a change within 10 days, even if they completed the periodic report.

Periodic Reports

1



Dashboard

From the Customer Dashboard, select **the Submit a Periodic Report** tile.

2

Periodic Report: Getting Started

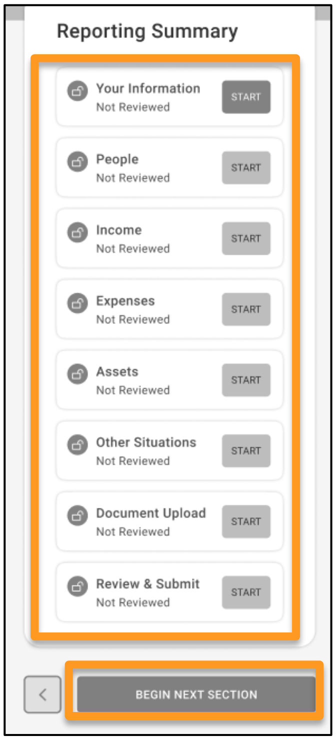
The system will display a summary of the required periodic report, including the date the report is due, and the programs included.

"Here's how it works" displays information to help the Customer understand the process by clicking the caret.

Click the caret under Upload documents to display the types of documents that may be necessary to complete the periodic report.

Click the **BEGIN** button.

3

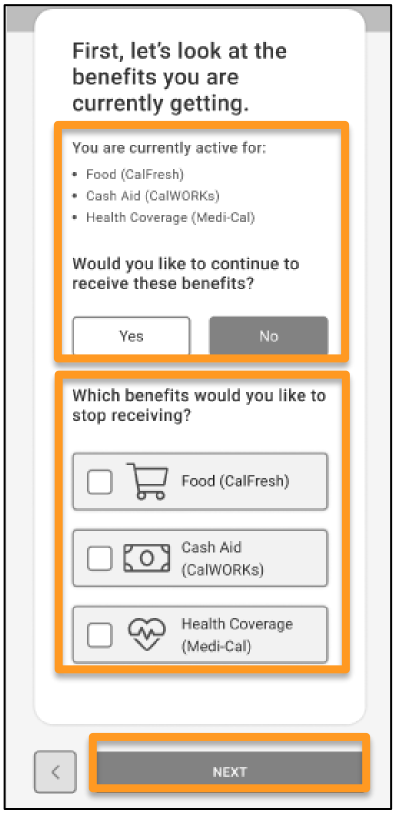


Menu

The summary displays all the sections to complete, and the status for each section.

Click the **START** button or **BEGIN NEXT SECTION** at the bottom of the screen.

4



Current Benefits

The system displays the benefits the Customer is currently receiving.

Click the **No** button to stop receiving benefits, and a new section will display asking which benefits they would like to stop receiving. Click the checkbox for each program no longer wanted.

Customer will only see screens that require information for the programs they want to renew.

Click the **Yes** button to continue receiving benefits.

Click the **NEXT** button.

5

Your Information

Customer enters their Home Phone and Mobile Phone numbers.

Click the **NEXT** button.

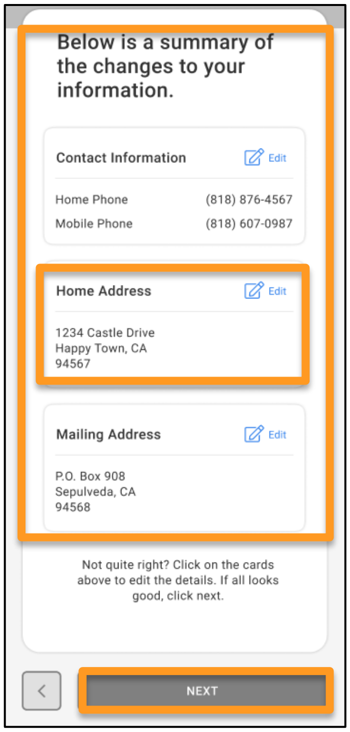
6

Your Information: Address

Click the **Yes** button to report a change of address, and additional screens will display to collect the information.

Click the **NEXT** button.

7



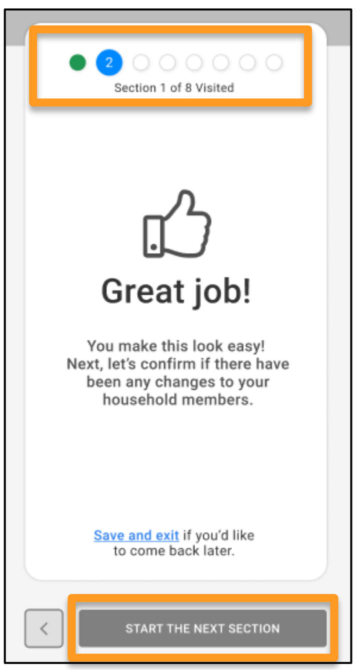
Your Information Summary

A summary of changes made displays.

Click the **Edit** hyperlink to modify the ifnormation.

Click the **NEXT** button.

8



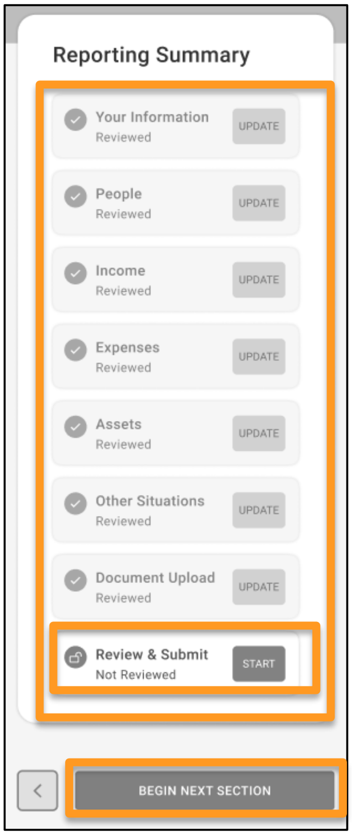
Section Divider

Section divider lets the Customer know they have completed section 1 of 8.

Click the **START THE NEXT SECTION** button.

Repeat the process for all eight (8) sections for possible changes.

9



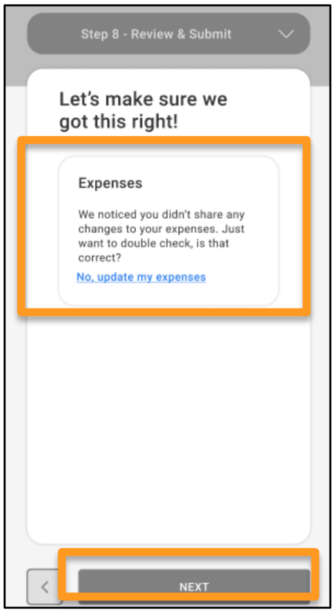
Reporting Summary

Once all changes have been completed it's time to Review and Submit.

Missed changes can now be updated by clicking the **UPDATE** button next to the section.

Click the **START** button or the **BEGIN NEXT SECTION** button at the bottom of the page.

10



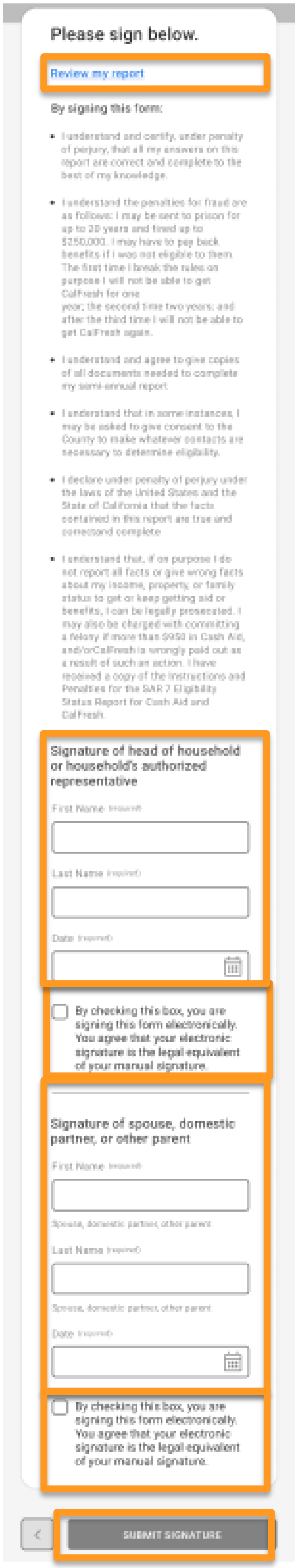
Helpful Nudges

Most Customers have expenses: if the Customer did not enter any expense information, the system will nudge them to confirm.

To make updates, click the **No, update my expenses** hyperlink, and make the changes.

The same nudge will display for Income (if no income is entered) and Household. This gives the Customer a second chance to report changes.

Click the **NEXT** button.


Please sign below.

Review my report

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.
- 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 correctand complete
- 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/orCalFresh 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.

Signature of head of household or household's authorized representative

First Name (required)

Last Name (required)

Date (required)

By checking this box, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

Signature of spouse, domestic partner, or other parent

First Name (required)

Spouse, domestic partner, other parent

Last Name (required)

Spouse, domestic partner, other parent

Date (required)

By checking this box, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

SUBMIT SIGNATURE

11

Review and Submit

Select the **Review my report** hyperlink to review a copy of the period report.

Customers are responsible for reading the "Rights and Responsibilities and Other Important Information."

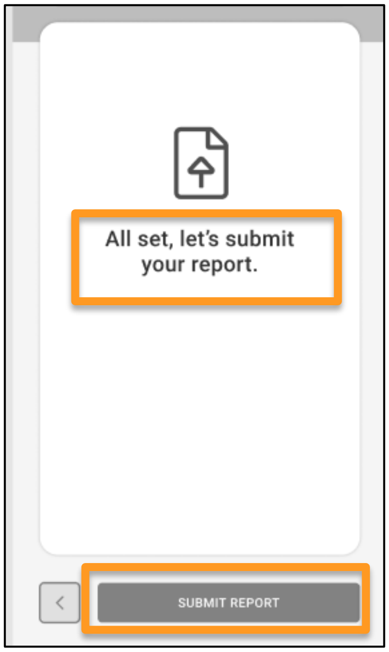
The Head of Household enters **First Name**, **Last Name**, and today's **Date** (MM/DD/YYYY) in the fields.

Enter the signature of the spouse, domestic partner, or other parent by entering the **First Name**, **Last Name**, and today's **Date** (MM/DD/YYYY).

Click the checkbox to electronically sign the periodic report.

Click the **SUBMIT SIGNATURE** button.

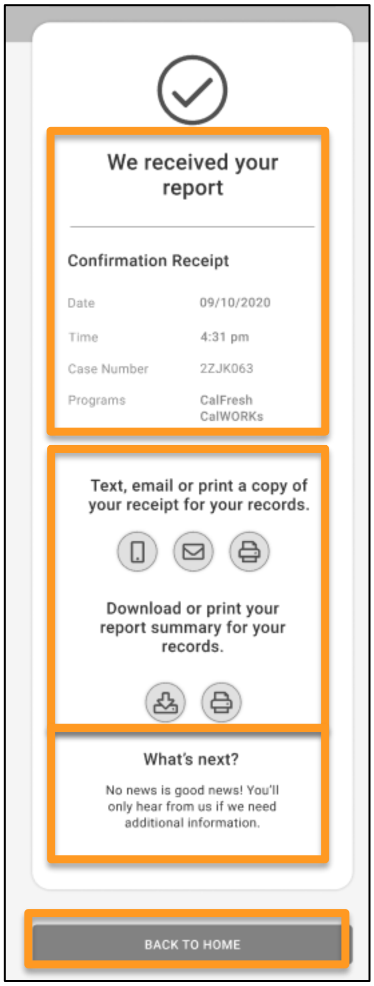
12



Review and Submit

Click the **SUBMIT REPORT** button to submit the periodic report.

13



Review and Submit

A Confirmation Receipt is available including the following:

- Date
- Time
- Case Number
- Program(s)

Click a save receipt method: text, email or printed a copy.

Click the **BACK TO HOME** button to return to the Customer Dashboard.