

# 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

Things to Do  
These items are due soon.

Disaster CalFresh is available in your area to provide extra food assistance.  
[Submit a Disaster CalFresh application](#)

Finish Your Application  
[Go to your application](#)

Submit a Renewal Due 11/23/2020  
[Start your recertification](#)

**Submit a Periodic Report** Due 11/23/2020  
[Start a report](#)

Submit Needed Documents  
You have 5 documents to upload.  
[Upload a document](#)

## Dashboard

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

2

Let's keep those benefits going!

Complete this by  
**11/12/2020**  
Share all of your changes since you last reported for the following programs:  
Food (CalFresh)  
Cash Aid (CalWORKs)

Here's how it works.

- 1 Fill in and submit your report  
What to report and when? >
- 2 Upload documents  
Type of documents you might need to upload >
- 3 We'll review your report
- 4 No news is good news!  
You'll only hear from us if we need additional information

**BEGIN**

## Periodic Report: Getting Started

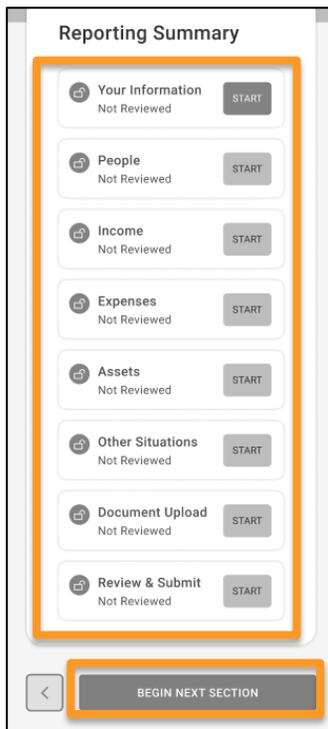
The system will display a summary of the required periodic report, including the date the report is due, and the programs included.

“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

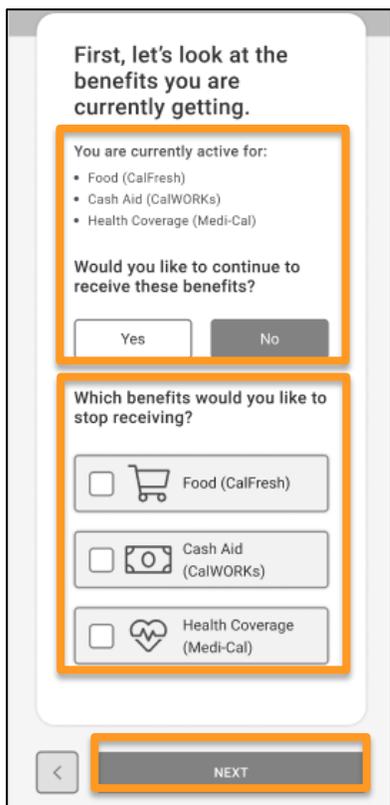


### Menu

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

Let's confirm your contact information.

Home Phone

Mobile Phone

< NEXT

This is a mobile app screen with a white background. At the top, there is a blue circle containing the number '5'. Below it, a grey-bordered box contains the text 'Let's confirm your contact information.' followed by two input fields labeled 'Home Phone' and 'Mobile Phone'. At the bottom of the screen, there is a grey bar with a back arrow on the left and a 'NEXT' button on the right. Orange boxes highlight the input fields and the 'NEXT' button.

### Your Information

Customer enters their Home Phone and Mobile Phone numbers.

Click the **NEXT** button.

6

Has your address changed since you last reported?

Yes No

< NEXT

This is a mobile app screen with a white background. At the top, there is a blue circle containing the number '6'. Below it, a grey-bordered box contains the text 'Has your address changed since you last reported?' followed by two buttons labeled 'Yes' and 'No'. At the bottom of the screen, there is a grey bar with a back arrow on the left and a 'NEXT' button on the right. Orange boxes highlight the question box and the 'NEXT' button.

### 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

Below is a summary of the changes to your information.

Contact Information [Edit](#)

Home Phone (818) 876-4567  
Mobile Phone (818) 607-0987

Home Address [Edit](#)

1234 Castle Drive  
Happy Town, CA  
94567

Mailing Address [Edit](#)

P.O. Box 908  
Sepulveda, CA  
94568

Not quite right? Click on the cards above to edit the details. If all looks good, click next.

[NEXT](#)

### Your Information Summary

A summary of changes made displays.

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

Click the **NEXT** button.

8

Section 1 of 8 Visited

**Great job!**

You make this look easy!  
Next, let's confirm if there have been any changes to your household members.

[Save and exit](#) if you'd like to come back later.

[START THE NEXT SECTION](#)

### Section Divider

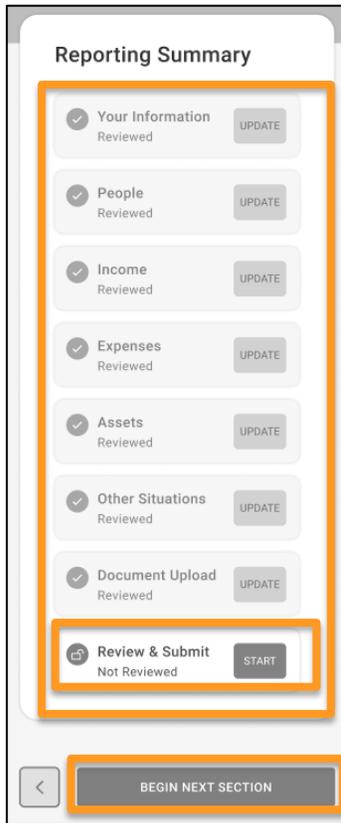
Section divider lets the Customer know they have completed section 1 of 8.

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



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

9



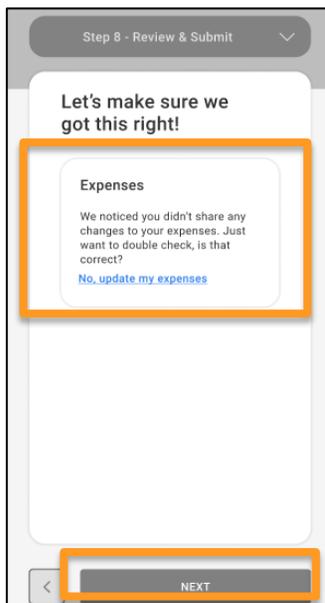
## Reporting Summary

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 correct and 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/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.

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

## 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.”

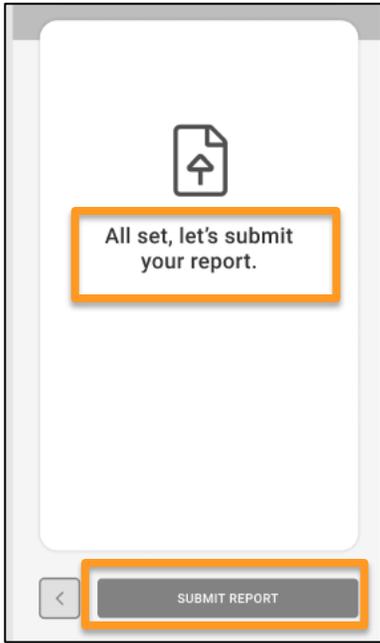
The Head of Household enters **First Name, Last Name,** and today's **Date** (MM/DD/YYYY) in the fields.

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.

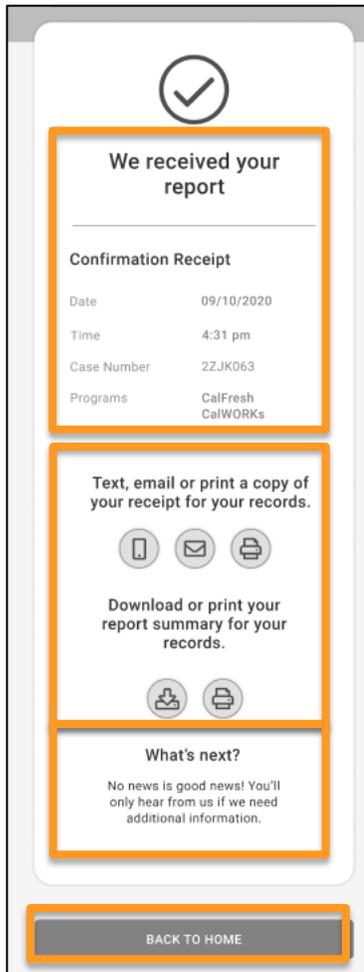
Click the **SUBMIT SIGNATURE** button.

12



### Review and Submit

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



A mobile application screen showing a confirmation receipt. At the top, there is a checkmark icon. Below it, the text reads "We received your report". Underneath is a section titled "Confirmation Receipt" containing a table with the following data:

Date	09/10/2020
Time	4:31 pm
Case Number	22JK063
Programs	CalFresh CalWORKs

Below the table, there are two sections for sharing the receipt. The first section says "Text, email or print a copy of your receipt for your records." and has icons for text, email, and print. The second section says "Download or print your report summary for your records." and has icons for download and print. At the bottom, there is a "What's next?" section with the text: "No news is good news! You'll only hear from us if we need additional information." At the very bottom of the screen is a button labeled "BACK TO HOME".

## 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.