

ELIGIBILITY/STATUS REPORT

General Assistance/General Relief (GA/GR)

PLEASE SIGN THE FORM AFTER THE 1ST OF _____ AND RETURN IT BY THE 5TH OF THE MONTH.
SUBMIT MONTH

NEED HELP? CALL YOUR WORKER.

Worker Name: _____
 Worker Phone: _____
 Case Number: _____
 Date: _____
 Case Name: _____

BAR CODE:

Please Stop My Benefits For: Cash Aid (GA/GR) at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in _____

REPORT MONTH/YEAR

1. Did you or anyone get any income or money from any source this MONTH? YES NO
 If `YES`, list below and **ATTACH PROOF**.

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. **Any Government Benefits:** State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment (UIB), veteran's retirement, Worker's Compensation, etc. **Other Benefits:** Child/spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. **Other:** Cash, gifts, loans, scholarships, etc. **Income In-Kind:** Such as earned housing, free housing/utilities/clothing/food, etc.

Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					
Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					
Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					

1a. Number of hours worked or in training in this MONTH:

Who worked?	Where?	Total Hours	Who worked?	Where?	Total Hours
Who worked?	Where?	Total Hours	Who worked?	Where?	Total Hours
Who worked?	Where?	Total Hours	Who worked?	Where?	Total Hours

1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and ATTACH PROOF.

Name of Person	Source of income or money	Why will it change?	How much will you get?		
			First Month	Second Month	Third Month
			\$	\$	\$
			\$	\$	\$

Case Name: _____

Case Number: _____

2. **Medical Costs: Did anyone who is disabled or 60 years or older pay medical costs?** If 'YES', list the amount paid below and **ATTACH PROOF** of payment. YES NO

Who paid?	Who gets care?	Amount \$
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3. **Dependent Care: Did anyone pay for the care of a disabled person or other dependent while working, seeking work, or attending school or training?** If 'YES', list the amount paid below and **ATTACH PROOF** of payment. YES NO

Who paid?	Who gets care?	Amount \$
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4. **Child/Spousal Support: Did anyone pay court-ordered child/spousal support?** If 'YES', list the amount paid below and **ATTACH PROOF** of payment. YES NO

Who paid?	Amount \$	Who paid?	Amount \$
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5. **If the information in Question 2, 3, or 4 will change in the next three months after the SUBMIT MONTH**, check the box(es) below, please explain and **ATTACH PROOF**.

Medical Costs <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Dependent Care <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Court-Ordered Child/Spousal Support <input type="checkbox"/>	Who pays?	Amount \$	For whom?	Attach new court order	When will it change?

PART 2: What Has Happened SINCE Your Last Report?

6. **Did anyone get, buy, sell, trade, or give away any property [land, home, cars, bank accounts, money payments (such as: lottery or casino winnings, retroactive social security, tax refunds), other]?** If 'YES', list all items below and **ATTACH PROOF**. YES NO

Who owns, sold, traded, or gave away?	Type of Property	When?	Value \$	<input type="checkbox"/> Bought <input type="checkbox"/> Gift Received	<input type="checkbox"/> Sold <input type="checkbox"/> Traded	<input type="checkbox"/> Won <input type="checkbox"/> Gave Away
Checking Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$			Savings Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed Balance \$			

7. **Has anyone moved into or out of your home, or did you move in with someone else?** If 'YES', complete below. YES NO

Full name of person	Relationship to you	Moved in or out?	When?

8. **Has anyone in your family been convicted of a drug related felony for possession, use, or distribution; avoiding or running from any felony prosecution, custody, or confinement; or in violation of probation or parole?** YES NO

If 'YES', Name _____ Where convicted? _____ Date of conviction: _____

COUNTY USE SECTION

Case Name: _____

Case Number: _____

9. **Have any of the following or any other changes happened to anyone in your home?** YES NO
If `YES`, check the box(es) below and **ATTACH PROOF.**

- Family Change** (Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?)
- Disability** (Became disabled or recovered from a disability or major illness?)
- Work** (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- 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 Supportive Services** (Started or stopped getting services?)
- School Attendance/Income/Expenses**

Other _____

If you checked `YES` for any of these, please fill out below. Attach on a separate sheet of paper if needed:

Name of person(s)	Relationship to you	What happened?	When

ADDRESS CHANGE Fill in this section **ONLY** if you have moved or have a new mailing address. **Provide proof** of your new shelter costs.

NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt No	City	State	Zip Code	New Phone ()
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Date Moved	NEW Mailing Address (If different from Home Address)	City	State	Zip Code
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Do you have housing costs at this new address? YES NO If yes, how much? \$ _____

Do you have to pay utility costs separate from your housing cost? YES NO If yes, how much? \$ _____

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 sanctioned or legally prosecuted. I may also be charged with committing a felony in Cash Aid (GA/GR) if it is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid (GA/GR).

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR 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: Cash Aid (GA/GR): You and all aided adults living in the home.

SIGNATURE OR MARK - PERSON 1	DATE SIGNED	HOME PHONE ()	CONTACT/CELL PHONE ()
SIGNATURE OR MARK - PERSON 2	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED

**INSTRUCTIONS AND PENALTIES
ELIGIBILITY/STATUS REPORT
For Cash Aid GA/GR**

Need Help? Call your worker.

- If you do not send in a complete report, including, but not limited to, answering all questions on the QR7 Periodic report and attaching proof when we ask for it, your benefits maybe delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or be stopped.
- Send in your completed report by the 5th of the month after the report month.

Examples

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|----------------------|--|--|--|
| Income | <ul style="list-style-type: none"> • Wages • Vacation pay • Child/spousal support • Insurance or legal settlements • Rental income and rental assistance • Any government benefits • State Disability Indemnity | <ul style="list-style-type: none"> • Self-Employment • Tips • Interest or dividends • Strike benefits • Tax refunds • Unemployment • Social Security • Supplemental Security Income/ State Supplementary Payment (SSI/SSP) | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Motor vehicles • EBT balance • Home | <ul style="list-style-type: none"> • Checking • Savings Bonds • Land | <ul style="list-style-type: none"> • Savings • Life insurance policies • Trusts |
| Housing Costs | <ul style="list-style-type: none"> • Rent • Utilities | <ul style="list-style-type: none"> • Mortgage • Homeowners insurance | <ul style="list-style-type: none"> • Property taxes • Garbage/trash collection fees |
| Expenses | <ul style="list-style-type: none"> • Medical expenses • Health insurance premiums • Child/dependent Care | <ul style="list-style-type: none"> • College tuition & supplies • Mandatory school fees • Child/spousal support | <ul style="list-style-type: none"> • Transportation • Room & Board • Housing costs |

Penalties

PENALTIES FOR CASH AID FRAUD: If on purpose you do not follow Cash Aid (GA/GR) 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 (GA/GR) 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 applications 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; 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.