

This document contains important information about How to Complete the SAR 7 Eligibility Status Report. If you need help completing or have questions about the SAR 7, call the phone number listed on the SAR 7 for your worker or call 1-866-404-4007.

Questions 1 & 2

Answer Yes or No

If the answer to either of these questions is YES, provide the updated information in the area provided.

Question 3

If you moved, provide all information in the spaces provided.

Question 4

Answer only if you are receiving cash aid (CalWORKs).

Question 5

If anyone who is 60 years old or older or disabled and receiving CalFresh had an increase in medical costs, provide the updated information in the area provided and attach proof.

Question 6

Answer Yes or No

If the answer is YES, provide the updated information in the area provided and attach proof.

Question 7

If anyone who is receiving CalFresh had an increase in dependent care costs, provide the updated information in the area provided and attach proof.

Question 8

Answer Yes or No

If the answer is YES, provide the updated information in the area provided and attach proof.

Read and answer **ALL** questions carefully and be sure to attach proof where requested.

Submit report by the 5th of this month.

Report income and expenses for this month/year.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

WORK PAYS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

SAR 7 ELIGIBILITY STATUS REPORT

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER 1st AND RETURN IT BY 5th

REPORT MONTH

CASE NUMBER HERE

NEED HELP? (County Specific instructions w/county url)

Worker Name: (DIST. ID HERE)

Worker Phone:

County:

Street address:

City, State, Zip Code

BAR CODE:

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?
In / Out / /		/ / /		YES NO
In / Out / /		/ / /		YES NO
In / Out / /		/ / /		YES 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

SAR 7 (12/14) ELIGIBILITY STATUS REPORT - FOR CASH AID AND CALFRESH - REQUIRED FORM - SUBSTITUTES PERMITTED

PAGE 1 OF 2

Question 9

Answer Yes or No

If the answer to this question is YES, provide the updated information in the area provided and attach proof.

Question 10

Answer Yes or No

If the answer to this questions is YES, provide the updated information in the area provided and attach proof.

Question 11

Answer Yes or No

If the answer to this questions is YES, provide the updated information in the area provided and attach proof.

Question 12

Answer Yes or No

If the answer is YES, provide the updated information in the area provided and attach proof.

Question 13

Answer only if you are receiving cash aid (CalWORKs).

Report any changes that happened in your home since you last reported.

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.

Table with 3 columns: Job #1, Job #2, Job #3. Rows include: Name of person who got income, Source of income/Employer name, How often paid, Gross amount of income they got in the report month, 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.)

11. Did anyone get money from any other source in the Report Month? Yes No (If yes, complete the section below and attach proof.)

Table with 4 columns: Name, Source of income, One time payment or monthly, How much. Includes dollar sign (\$) and date received fields.

12. Will there be any changes to money received from any other source in the next six months (including money listed in #11)? Yes No (If yes, explain here and attach proof.)

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, Job/Employment, Disability, Immigration, Insurance, Custody, In-Home Support Services, School Attendance, etc.

Only answer this question if you receive CalWORKs (Cash Aid)

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.

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.

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.

SIGN and DATE the SAR 7 correctly to avoid losing your benefits