



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

May 12, 2016

ALL COUNTY LETTER (ACL) NO. 16-45

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY CALWORKS PROGRAM SPECIALISTS
 ALL COUNTY WELFARE TO WORK COORDINATORS
 ALL CONSORTIA REPRESENTATIVES
 ALL COUNTY CHILD WELFARE SERVICES PROGRAM MANAGERS
 ALL FOSTER CARE MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM REQUIREMENTS: NEW APPLICATION AND FORM FOR NON-NEEDY CARETAKER RELATIVES WITH RELATIVE FOSTER CHILDREN PLACED IN THE HOME

REFERENCES: [ASSEMBLY BILL \(AB\) 403](#) (CHAPTER 773, STATUTES OF 2015); WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS [309](#), [361.45](#), [11253.2](#) AND [16519.5](#).

The purpose of this ACL is to transmit a new simplified application and rights and responsibilities form for non-needy caretaker relatives caring for relative foster children, pursuant to AB 403, signed by Governor Brown on October 11, 2015. AB 403 will better support foster children in the homes of relatives by requiring a simplified CalWORKs application process for relative foster children placed with non-needy caretaker relatives. Effective January 1, 2016, the new application was developed to be user friendly to the non-needy caretaker relative and include questions specific to the child's information; therefore, improving program access and decreasing the administrative burden on County Welfare Departments (CWDs).

BACKGROUND

When a child is removed from a parent and placed into foster care, state law requires that preferential consideration for placement be given to a relative. Relatives must be approved, meaning they must meet health and safety standards that mirror those for a licensed foster parent.

Although placement with a relative is the preferred placement, a foster child in the care of a relative may or may not receive the same level of funding as if the same child were with a non-relative. Funding depends on whether the child is eligible to receive federal Aid to Families with Dependent Children-Foster Care (AFDC-FC). While an approved relative may receive AFDC-FC payments on behalf of a *federally* eligible foster child, an approved relative caring for a *non-federally* eligible foster child is ineligible for AFDC-FC.

The approved relative may then apply to receive CalWORKs benefits on behalf of the non-federally eligible foster child in their care by filling out a lengthy application. Relative caregivers may also apply for CalWORKs while waiting for approval or denial of foster care funding. CalWORKs grants are not a per-child payment, but are based on the size of the family as a whole, and are less than the AFDC-FC rate.

This process can be time consuming and confusing for relatives. AB 403 will alleviate this process by providing a shorter CalWORKs application for relative foster children placed with non-needy caretaker relatives. The application is centered on the child only, and will clearly identify this as a non-needy caretaker relative. A shorter application can be processed more quickly, and the relative can receive benefits to stabilize placement.

APPLICATION AND RIGHTS AND RESPONSIBILITIES FORM FOR NON-NEEDY CARETAKER RELATIVES

The CW 2219 application and CW 2218 form have been developed for non-needy caretaker relatives applying for CalWORKs on behalf of relative foster children who have been temporarily placed by the county child welfare agency under W&IC Sections 309 or 361.45, or placed in a related resource family home. The CW 2219 and CW 2218 (Rights and Responsibilities) are required, no substitute permitted forms, to be completed by the non-needy caretaker relative at initial application and redetermination. The simplified CW 2219 application asks for the child's information, such as income or property of the child. A separate application is required for each child for whom the non-needy relative caretaker is applying. The CW 2218 (Rights and Responsibilities) is specific to non-needy caretaker relatives. Although a separate CW 2219 is required for each child, one CW 2218 may be completed if the non-needy

caretaker relative is applying for several relative foster children at the same time. CWDs must begin using the new CW 2219 and CW 2218 immediately, using hard stock until they are programmed into the Statewide Automated Welfare Systems (SAWS).

Caretaker relatives who wish to receive CalWORKs benefits for themselves and/or other children in the home may not use the CW 2219 and must instead use the SAWS 2 Plus.

STATEWIDE FINGERPRINT IMAGING SYSTEM (SFIS) EXCEPTION

Use of the CW 2219 and CW 2218 does not change the process and procedures for application and redetermination. Normal CalWORKs rules apply, with the exception of SFIS. Non-needy caretaker relatives who fill out the CW 2219 are exempt from fingerprint and photo-imaging requirements. SFIS is required if the caretaker relative subsequently applies for CalWORKs for themselves and/or other children in the home who are not relative foster care children.

REQUIRED FORM - NO SUBSTITUTE PERMITTED

Forms in this category are required forms that the CWD may not modify or restructure. However, overprinting or reformatting under the conditions outlined in Operations Manual Section 23.400.211, Overprinting Required Forms and Section 23-400.212, EDP Modifications, is permitted.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. You may obtain these forms from the CDSS webpage at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact the CDSS Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365 – Notice of Language Services and a local contact number. <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>

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The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide interpreter services if an applicant or recipient requests them. More information regarding translations can be found in [MPP Section 21-115](#).

If you have any questions regarding this letter, please contact the CalWORKs Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachments

RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the California Work Opportunity and Responsibility to Kids (CalWORKs) Program (Non-needy Caretaker Relative With Relative Foster Child)

These pages give you your rights and responsibilities and other important information. The county needs facts about you and your child to see if he/she is eligible for CalWORKs cash aid and how much you may be eligible for. If you need more information or have questions, ask your worker.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you or your child has been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 8-16-70
P.O. Box 944243
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.

2. To tell the county if the child has a disability and needs help applying for or continuing to get CalWORKs benefits and services.
3. To ask for help to complete the application or any other cash aid, CalFresh, or Medi-Cal form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have the eligibility determined within 45 days.
7. To discuss the child's case with the county and to review the child's case yourself when you ask to do so.
8. To be told the rules for getting CalWORKs right away. If we think you might be eligible, you will get an interview within one day.
9. To continue getting CalWORKs without a break if you move from one county to another if the child stays eligible.
10. To ask to have your Electronic Benefits Transfer (EBT) card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
11. To ask for extra money if the child's income drops or stops.
12. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances.
13. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc.
14. To be notified in writing when your application is approved, denied, or when the child's benefits change or stop.
15. To have the child's records kept confidential by the county and state, unless there is a felony arrest warrant issued for the child, or as otherwise provided by law.

16. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
17. To ask for a State Hearing within 90 days of the county's action.
18. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 16 above.
19. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
20. To have reasonable access to a location where you can withdraw CalWORKs benefits with minimal or no costs.
21. To get a brochure that will tell you how to use your EBT card and how to get CalWORKs benefits at minimal or no costs.
22. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at www.ebt.ca.gov.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that the child applying for CalWORKs is a U.S. citizen, U.S. national, or has lawful immigration status. We will check the immigration status information with the U.S. Citizenship and Immigration Services (USCIS) to make sure the child is eligible.

Fingerprint/Photo Imaging

Most adults applying for a child-only grant must be fingerprint/photo imaged. Non-needy caretaker relatives applying only for a relative foster child are not required to be fingerprint/photo imaged. If you apply at a later date for CalWORKs for yourself and/or other children in your family who are not relative foster children, you must be fingerprint/photo imaged.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for CalWORKs may result in repayment of benefits and/or criminal or civil action.

You must give us the SSN for each applicant or recipient of CalWORKs. If you refuse to give us either a SSN or proof of application for a SSN, the child will not be able to get CalWORKs. You must give proof of application for a SSN within 30 days of application for CalWORKs and give the SSN to the county when you get it. (MPP Section 40-105.2)

Verification(s)

To give proof to support the child's eligibility. If you can't get proof, we will help you get it. You may need to sign a release for third party information or sign a sworn statement. (MPP Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. A county worker can come to your home at an arranged time to check out your facts, including seeing each family member. The child may not get benefits or benefits may be stopped if you don't cooperate.

Other Benefits

To apply for any benefits or income the child is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- get medical support money from any absent parent and, get child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money the child gets;
- tell the county about medical coverage or money for medical services paid by either parent.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker.

Applicants

If any of the facts you told the county change during the processing of your application, you must report the new facts to the county within 5 days.

Annual Reporting for Certain Child-Only Cases (AR/CO)

Most CalWORKs cases where only the children get cash aid will only have to report once each year except for a few mandatory changes that must be reported within 10 days of when they happen. These cases are called Annual Reporting/Child-Only (AR/CO) cases. The county will tell you if you have an AR/CO case.

AR/CO cases will only have to report changes at their Annual Redetermination (RD), with the following exceptions:

- Anytime the child's combined gross income, both earned and unearned is more than the Income Reporting Threshold (IRT) for the child. The county will tell you in writing what the child's IRT is.
- Anytime someone moves into or out of your home. This includes newborns and children who are placed in foster care.
- Anytime you and/or the child have an address change.
- Anytime the child becomes a fleeing felon or is found by a court to be in violation of probation or parole and it was not already reported.

Voluntary Reporting Information for AR/CO Cases

You can also report some changes voluntarily. Reporting some changes may help the child's cash aid go up. If the information reported causes benefits to go up, the county will take action within 10 days after you provide verification.

Some examples of voluntary reporting that may cause the child's benefits to go up include:

- The child's income stops or drops.
- You believe that the child is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Immunizations

You must provide proof when requested by the county that children under the age of 6 have received age appropriate immunizations. (MPP Sections 40-105.4; 40-105.5)

School Attendance

All children between the ages of six and 18 years of age who are getting CalWORKs must attend school.

If the child is between the ages of 16 and 18 years of age, is not attending school regularly, and does not have a good reason, the child's grant can be lowered until he or she starts attending or meets an exemption.

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting CalWORKs get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU) is caring for an aided child(ren) who is not their child and the caretaker does not get CalWORKs.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your CalWORKs grant will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. This rule applies to any member of your family, including any child who becomes a parent. There are situations where the rule does not apply. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)**Proof of Facts**

If you ask for CalWORKs within one year of the date it stopped, the county must look at the child's prior case file to see if it already has the proof needed to determine the child's eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing the child's application would be delayed because it would take too long for you to get the proof.

If you ask for CalWORKs within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since the child last got CalWORKs, the county will need new proof.

OTHER IMPORTANT INFORMATION

Education and Work Rules

Your worker will tell you what CalWORKs rules the child needs to follow before and after the application is approved. The child may be required to be in education, work or training activities to keep getting CalWORKs. The county will tell you how many hours a week the child must take part in these activities or if the child is excused from these rules.

All children are required to attend school and complete high school or its equivalent. Pregnant and parenting teens under the age of 19 who have not completed high school are subject to Cal-Learn program requirements. Non-pregnant and non-parenting teens ages 16 and 17 may be subject to Welfare-to-Work program requirements if they do not regularly attend high school, or if they complete high school and do not enroll or plan to enroll in a postsecondary education program.

Noncompliance for Not Meeting CalWORKs Rules

Any time the child does not meet CalWORKs rules and does not have a good reason, CalWORKs may be stopped until the child does what he/she should do.

Income Disregards

The total amount of CalWORKs the child receives is based on the child's income. The law allows for some income to be disregarded when the total amount of CalWORKs the child will receive is calculated.

- If the child gets more than \$225 a month of Disability Income (DI), only the first \$225 is disregarded.
- If the child gets \$225 a month or less of DI, none of it will be counted as income and if the child also has Earned Income (EI), any remaining amount of the \$225 disregard, up to \$225, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is the child's net countable income and is the amount that will be used to figure the child's CalWORKs grant.

If the child is participating in the Independent Living Program (ILP), any income earned as part of the program is exempt.

CalWORKs Child Care Program

In some cases, child care benefits may be available to a CalWORKs minor parent who needs child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

AR/CO CASES

Budgeting Rules

AR/CO households will use prospective budgeting and will report on their annual redetermination (RD) form any income, expenses and property the child has and any changes they are sure will happen in the next 12 months. The information you provide will be used to figure the child's CalWORKs benefits for the next 12 months. There are some things that you will have to report within 10 days of when they happen. The mandatory reporting rules for AR cases are on page 4 of this form.

Property Limit

There is a \$2,250 limit on the value of the property (e.g. bank accounts, stocks, etc.) that the child can own and be eligible to receive CalWORKs benefits. A child under age 18 can own a vehicle (for example a car, truck, van, motorcycle, etc.) to drive to work, school, job training or to look for work. The value of this vehicle does not count against the \$2,250 limit. This also applies during temporary periods of unemployment for the child who customarily drives to and from work. If it was given to the child as a gift, a donation, or a family member transferred it to the child, we also do not count it. You will be asked to give the county proof from the Department of Motor Vehicles that it was a gift, donation or transfer from a family member.

OTHER IMPORTANT INFORMATION (CONTINUED)**Resources/EBT**

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make the child ineligible for CalWORKs if the total countable resources are more than the allowable resource limits.

Cal-Learn

Cal-Learn helps pregnant and/or parenting teens under the age of 19, who are getting CalWORKs and do not have a high school diploma or its equivalent to stay in or return to school. Teens in the Cal-Learn Program may get cash bonuses for making satisfactory progress in the education program they are attending, or for completing the education program they were attending. Cal-Learn teens may get help with supportive services, including child care, transportation, and any other services necessary for the teen parent to successfully participate in the Cal-Learn Program. Cash penalties may be subtracted from their CalWORKs payment if Cal-Learn teens do not submit their report cards as required, or do not make satisfactory progress.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

PENALTY WARNINGS

Disqualification Penalties

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or a Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any CalWORKs overpayment.

Program Rules and Penalties

I understand I am committing an intentional program violation which may also be a crime, if I give false or wrong information, or if I do not give all the information on purpose to try to get CalWORKs benefits that I am not eligible to get, or to help someone else get benefits that they are not eligible for, or if I misuse my benefits (this is called trafficking). If I do this on purpose and get more than \$950 in benefits I was not eligible for, I can be charged with a felony.

In addition, I understand I must pay back any benefits I get that I/my child was not eligible for or that I misused.

Program Violations

I understand I may have committed an intentional program violation and I may lose benefits if:

- I give false information about who I am or where I live.
- I try to get dual benefits, for example, apply in two or more different counties or states at the same time.
- I submit false documents for children who are not eligible or who do not exist.
- The child violates conditions of probation or parole.
- The child flees after a felony conviction.

Penalties

I may lose CalWORKs benefits:

- For six months, one year, two years, four years, five years or forever
- And be fined by a court and/or sent to jail/prison for up to five years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for CalWORKs is to help meet the basic needs of the child, including housing, food, and clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect the child's eligibility or benefit level for CalWORKs.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (CW 2218).

(APPLICANT/RECIPIENT'S INITIALS)

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect the child's eligibility or benefit level for CalWORKs.

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (CW 2218)

Signature of Caretaker Relative

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

APPLICATION FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)

(Non-Needy Caretaker Relative With Relative Foster Child)

INSTRUCTIONS: Fill out this form if you want cash aid for a relative foster child. Complete all of the questions to the left of the heavy black line and sign the Certification section. If you need more space, attach another sheet of paper. Use one form for each child.

1. Caretaker Relative's Name	Phone ()
Address	

2. Give us all the facts for this child.

Child's Name (First, Middle, Last)	Birthplace (City/State/Country)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
Birthdate (Month, Day, Year)	Blind, Deaf, or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number	If child is under age 6, are immunization shots up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not under age 6	
Citizen/Noncitizen Status	<input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship of Child to the Caretaker Relative		

3. A. Is the child pregnant or a teen parent? Yes No
 If "YES", check status: Pregnant Teen Parent

SCHOOL STATUS:
 Has a High School Diploma Has a GED Currently Attending School
 Not attending school (explain): _____
 Other (explain): _____

B. Has the child received a cash bonus or sanction, or help with child care, transportation, etc., from the Cal-Learn Program? Yes No
 If "YES", complete below:

Where (County)	Date(s) Received
----------------	------------------

4. Did the child get cash aid or CalFresh this month? Yes No
 If "YES", complete below:

TYPE OF AID <input type="checkbox"/> Cash Aid <input type="checkbox"/> CalFresh <input type="checkbox"/> Approved Relative Caregiver (ARC)	Where (County, State)
---	-----------------------

5. Does the child have Medi-Cal or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? Yes No
 If "YES", list policy number and company name:

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER NAME AND NUMBER	
DATE RECEIVED	
Verification	
<input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Immunization	
Alien Reg. No.: _____	
D.O.E.: _____	
Verified:	
<input type="checkbox"/> Referred to Cal-Learn Program	
<input type="checkbox"/> Verification provided	
<input type="checkbox"/> Verification provided	
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Fee for Service	

<p>6. Does the child get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", complete below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">TYPE OF INCOME</th> <th style="width:25%;">AMOUNT (Before deductions, if any) \$</th> <th style="width:25%;">WHEN</th> <th style="width:25%;">HOW OFTEN</th> </tr> <tr> <td colspan="4">Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">If "NO", explain any known changes: _____</td> </tr> </table>	TYPE OF INCOME	AMOUNT (Before deductions, if any) \$	WHEN	HOW OFTEN	Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "NO", explain any known changes: _____				<p>COUNTY USE ONLY</p> <p><input type="checkbox"/> Verification provided</p> <p><input type="checkbox"/> Eligible for higher MAP</p>												
TYPE OF INCOME	AMOUNT (Before deductions, if any) \$	WHEN	HOW OFTEN																						
Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
If "NO", explain any known changes: _____																									
<p>7. Has the parent(s) of this child been in the United States (U.S.) military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", complete below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">NAME OF PARENT</th> <th style="width:15%;">PARENT A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No</th> <th style="width:15%;">BRANCH OF SERVICE</th> <th style="width:15%;">DATES OF SERVICE</th> <th style="width:15%;">HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No</th> </tr> </table>	NAME OF PARENT	PARENT A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>CW 5 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Initiated _____</p>																			
NAME OF PARENT	PARENT A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No																					
<p>8. Does the child own any property or have resources, such as: cash, land, auto, motorcycle, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "YES", complete below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">TYPE OF RESOURCE</th> <th style="width:20%;">ACCOUNT/POLICY NUMBER</th> <th style="width:40%;">NAME, ADDRESS OF BANK, ETC.</th> <th style="width:20%;">CURRENT VALUE \$</th> </tr> </table>	TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE \$	<p><input type="checkbox"/> Verification provided</p> <p><input type="checkbox"/> Restricted account</p> <p><input type="checkbox"/> Exempt</p>																				
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE \$																						
<p>9. Does the child have a medical condition(s) or situation(s) that requires any of the following?</p> <p>Check (✓) each item YES or NO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:5%;">YES</th> <th style="width:5%;">NO</th> <th style="width:60%;"></th> <th style="width:5%;">YES</th> <th style="width:5%;">NO</th> </tr> </thead> <tbody> <tr> <td>Special diet--prescribed by a doctor</td> <td></td> <td></td> <td>Very high use of utilities</td> <td></td> <td></td> </tr> <tr> <td>Special transportation need</td> <td></td> <td></td> <td>Special laundry service</td> <td></td> <td></td> </tr> <tr> <td>Special telephone or other equipment</td> <td></td> <td></td> <td>Other (specify):</td> <td></td> <td></td> </tr> </tbody> </table> <p>If "YES", explain:</p>		YES	NO		YES	NO	Special diet--prescribed by a doctor			Very high use of utilities			Special transportation need			Special laundry service			Special telephone or other equipment			Other (specify):			<p>Verified:</p> <p>Special Need: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amount \$ _____</p>
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<p>10. If the child has been charged as an adult with a felony, is the child hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for that felony crime or attempted felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>11. Has the child been found by a court of law to be in violation of probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>12. A. If the child can get cash aid, the child may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP).</p> <p>Do you want more facts about CHDP services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want free CHDP medical or dental services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you need help making appointments or getting the child to the doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Do you want more facts about immunization services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> CHDP brochure and explanation given</p> <p style="margin-left: 20px;"><input type="checkbox"/> CHDP Referral</p> <p style="margin-left: 20px;"><input type="checkbox"/> Date:</p> <p><input type="checkbox"/> Referred for immunization</p> <p><input type="checkbox"/> Other services referral <input type="checkbox"/> Pregnant</p> <p><input type="checkbox"/> Parent or guardian of child under 5</p> <p><input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum</p> <p><input type="checkbox"/> WIC referral</p> <p><input type="checkbox"/> Family Planning info given</p> <p>Date referred:</p>																								

			COUNTY USE ONLY
D. Does the pregnant child need to find a doctor, get medical transportation, and/or other help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
E. Is the child breastfeeding? If "YES" , was the birth within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
F. Does the child want to get facts or services from a Family Planning Clinic to help plan family size and prevent unplanned pregnancies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CERTIFICATION

I understand that:

- **If I give wrong facts or fail to report all facts or situations on purpose that affect the child’s eligibility and CalWORKs payments, I may be fined, jailed/imprisoned, or both. I can be sent to jail/prison for up to 5 years. And benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.**
- The child’s case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.
- The facts I give will be checked out by local, state, and federal personnel.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) for proof of immigration status.
- The facts the county gets from USCIS may affect the child’s eligibility for CalWORKs.
- The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child’s eligibility for CalWORKs and to prove that I am getting the right amount of CalWORKs. The social security number will be matched with law enforcement agency records for arrest warrants.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true, correct, and complete.

SIGNATURE OF CARETAKER RELATIVE	DATE
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COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)				Immunization <input type="checkbox"/> Informing (CW 101)
<input type="checkbox"/> ELIGIBLE	Eligibility Conditions Met – Date:	Authorization Date:	Effective Date of Aid:	Regs Met: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of County Worker	DATE
Signature of Supervisor	DATE