

## HOW TO FILL OUT YOUR SAR 7 SEMI-ANNUAL ELIGIBILITY/STATUS REPORT

### For Cash Aid and CalFresh (Food Stamp) Benefits

Save this form to help you fill out your SAR 7 (Semi-Annual Eligibility/Status Report). If you need help filling out your report, **call the County**.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits go up, down, or be stopped.**



#### INSTRUCTIONS

##### How Often You Must Complete the SAR 7

Once a year; (6 months after your application/annual renewal).  
The County will tell you when your SAR 7 is due.

##### Reporting For People Who Are Living in Your Home

If your family gets **cash aid**, report facts for:

- All **children**-natural, adopted, and stepchildren.
- All **parents**-natural, adopted, and stepparent/
- Other **aided relatives** in the child's case.
- **Yourself** and your **spouse or registered domestic partner**.
- Anyone who is **temporarily absent** from the home.

If your family gets **CalFresh (with or without cash aid)** you must also report facts for:

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

##### Asking To Stop Benefits

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. If you only want to stop some of your *benefits and keep others*, you must fill out the rest of the SAR 7.
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

##### HOW TO FILL OUT EACH QUESTION

###### Household information (Question 1)

List any changes in who lives with you, changes to your address (including changes in apartment numbers) and changes in housing costs since you last reported. This includes: newborns; people who are temporarily absent from your home; anyone who dies, entered or left a hospital or institution (including jail or prison), etc.

###### Address Change/Housing Costs (Questions 2 and 3)

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

###### Convictions, Fleeing and Parole/Probation Violations (Question 4)

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who may have a drug felony conviction, be running from the law or in violation of parole/probation. We need the person's name, the place, and date of the arrest/conviction.

If you reported the information to the County before, you do not need to report the same information.

###### Expenses (CalFresh Information) (Questions 5, 6, and 7)

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

###### Property (Question 8)

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, and tax refunds), etc. Include gifts and loans. List whose property, the type of property, when it changed and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report is again unless there has been a change.

###### Employment Income (Question 9)

List **all** income from employment (work) – earnings, tips, training, allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof if using actual expenses.

We need to know if you think the income will continue or if you know it will change. If your income will stay the same we will use the amount you report as your income for the next 6 months. If you know your income will change, tell us why, how much and when it will change. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of income includes but is not limited to: check stubs, copies of checks, or statements from the employer, etc. or tax statements for self-employed.

###### Other Income (Question 10)

List **all** other income from any other source. **Attach proof.**

- **Disability or Retirement Income** includes SSI, Social Security, Veteran's disability/retirement payments, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/ utilities/clothing/food (or if someone paid all of these costs for you); or anything else.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got. Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

Proof of other types of income include but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

###### Any other changes (Question 11)

List other things that could change your eligibility or the amount of your benefits. Examples of changes you should report are listed on the SAR7.

**SEE OTHER SIDE FOR MORE INFORMATION**

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## WHO MUST SIGN THE SAR 7?

- For **Cash Aid**: You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren), if the other parent of the aided child(ren), if they live in your home.
- For **CalFresh**: The head of household, authorized representative, or responsible household member.
- **And for Both**: The other person who helps fill out the report, an interpreter or the witness to your mark.

## WHAT WE MEAN WHEN WE SAY

### ACTIVELY SEEKING TO ENFORCE A FELONY WARRANT:

There is a felony warrant out for the person, and law enforcement is trying to carry out the arrest. For out of state/county, this means they are trying to return you to or bring you back to another state/county.

**CASH AID**: CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Assistance Program (TCVAP), and Emergency Cash Assistance (ECA).

**CHILD SUPPORT PAYMENT**: The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

**COMPETE SAR 7**: A SAR is "complete" only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

**CONTROLLED SUBSTANCE**: Any drug restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

### DRUG RELATED FELONY:

A drug-related felony means a conviction for possession, use, manufacturing, distribution of a controlled substance(s).

### FLEEING:

"Fleeing" means law enforcement is actively seeking the person to enforce a felony warrant.

**GROSS AMOUNT**: The amount of your paycheck or other check (Unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

**IN VIOLATION OF PROBATION OR PAROLE**: A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

**REPORT MONTH**: The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

**SUBMIT MONTH**: The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the title "Eligibility Status Report."

### CERTIFICATION SECTION

- You must sign the SAR 7 "under penalty of perjury." This means that you swear (promise) that the facts you give us are true, correct and complete.
- Perjury is a crime – It means you swore (promised) to tell the truth and then you were dishonest.

### REMEMBER:

- The report is due by the 5<sup>th</sup> of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11<sup>th</sup> of the submit month), not complete or not turned in, your benefits may be late, changed or stopped.
- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report, or what proof you need to send in, **ask the county**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

### WELFARE FRAUD:

- Welfare fraud is when you fail to report information, or report the wrong information, on purpose in order to try to get more benefits.
- Fraud is a crime.

**PENALTIES FOR CASH AID WELFARE FRAUD**: If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

### Your cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first time, 12 months for the second time, or forever for the third.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and **forever** for the third.
- For conviction of felony welfare fraud: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,000; 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: intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

### PENALTIES FOR CalFresh FRAUD:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail or prison for 20 years.

### Your CalFresh can be stopped if you are found guilty in any court of law or administrative hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives. Your CalFresh benefits can be stopped forever for the first violation.
- You traded or sold CalFresh benefits for controlled substances. Your CalFresh benefits can be stopped for 24 months for the first violation and **forever** for the second.
- You traded or sold CalFresh benefits that were worth \$5000 or more. Your CalFresh benefits can be stopped **forever**.
- You gave the county false identity or residence information, to try to get CalFresh benefits in more than one case at the same time. Your CalFresh benefits can be stopped for 10 years.

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SEE OTHER SIDE FOR MORE INFORMATION