Notice Date : _____
Case Name : _____
Case Number : _____

Worker Name : _____
Worker ID : _____
Worker Phone Number : _____

SAR 7 Eligibility Status Report

You can get this form in another language or accessible format of your choice. To ask for help in your language, call: _____ (TTY: _____).

SCAN ME to complete your SAR 7 online.

To keep your benefits coming on time please submit this form by: _____ 5th.

Here is what you need to know:

1. Need more information to fill out this form? See the SAR 7 Eligibility Status Report Instructions (SAR 7A) included with this form. If you need a SAR 7A, contact your county agency.
2. Check 'Yes' or 'No' for each question. If you check 'Yes' and had any changes in _____, fill out the form with the changes about your household. If you check 'No' for any question, you can move on to the next question.
   - CalWORKs or other cash aid (such as ECA, RCA or TCVAP) questions have a dollar sign symbol.
   - CalFresh questions have a spoon and fork symbol.
3. If you need more space for your answers, write on a separate sheet of paper. Send the extra sheet of paper with your SAR 7 form.
4. Sign and date the form on the last page. Attach any required proof. If you need help getting proof, contact or visit your county.

Easy ways to submit your form and proof:

Online: visit www.BenefitsCal.com or scan the QR code above.

By Mail: in the envelope that came with this form.

By fax: at _____.

By phone: at _____.

In person: to _____ at _____ _____ in the lobby of the agency's drop box or mail slot.

They are open Monday through Friday, _____ a.m. to_____ p.m.

Do you need help or have questions? Call us at _____.

Stop My Benefits

You do not need to answer this question.

If you want your benefits to STOP, check the box for the program that you want to stop. Then sign and date the form and return it. If you choose to STOP your benefits, you will get a notice telling you that your benefits have stopped. Check all that apply:

☐ STOP my CalWORKs or other cash aid

☐ STOP my CalFresh

☐ STOP my Medi-Cal

Disability

You do not have to answer these questions, but they may help you get other services or help.

Is anyone in your household disabled? (This includes anyone who is disabled, becoming disabled, recovering from a disability or major illness, or is no longer disabled.)

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	**Explain**

Does anyone in your household need help due to a disability? (This can include help with activities such as filling out forms, getting benefits, or doing work activities.)

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	**Explain**

Contact Information

Review what we have for your contact information below. Tell us if anything changed. You need to answer this section to keep your benefits.

Since you last reported, has your contact information changed?

☐ Yes, fill out the right side of the table with your new information ☐ No

Current Home Address:	**Update Home Address** Street Apartment # City State Zip ☐ I am homeless
Current Mailing Address:	**Update New Mailing Address - Physical or PO Box** (*if different from home address*) Street Apartment # City State Zip ☐ I would like to keep my current mailing address the same **If you are homeless, check one of the following:** ☐ I have a mailing address and have added it above ☐ I would like to use the County Welfare Department's mailing address (**Note**: You need to contact your county office to set this up.) ☐ I would like to use General Delivery. Write the ZIP Code of post office here: _____ (**Note**: Make sure the post office in your ZIP Code accepts General Delivery. You will need to contact the post office to set this up.)
Current Phone Number:	**Update Phone Number(s):** Home: _____ Cell: _____ Other: _____ Do you want to get text messages from the county about your benefits? ☐ Yes ☐ No
Current Email Address:	**Update Email Address:** Email: _____ Do you want to get email notices from the county about your benefits? ☐ Yes ☐ No

Household Members (1 of 2)

Tell us about you and every member of your household. You need to answer this section to keep your benefits.

Here is what we know:

Review what we have for your household.

Household member name	Date of birth	Relation to _____	Regularly buy and make food together?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Household Members (2 of 2)

Update or add new household members:

Has your household size changed since you last reported, or will it change within the next six months? (For example: newborn children, someone moved into or out of your home, you adopted a child, someone started or stopped buying and making food with you, etc.)

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	**Date of birth** (month, day, year)	**Relation to** _____	**What is the change?**	**Regularly buy and make food together?**
			☐ Moved In ☐ Birth ☐ Moved Out ☐ Death ☐ Temporary absence ☐ Other: _____ **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ Yes ☐ No
			☐ Moved In ☐ Birth ☐ Moved Out ☐ Death ☐ Temporary absence ☐ Other: _____ **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ Yes ☐ No
			☐ Moved In ☐ Birth ☐ Moved Out ☐ Death ☐ Temporary absence ☐ Other: _____ **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ Yes ☐ No

Income (1 of 3)

Tell us about all income that was paid to every member in your household in _____. All income includes earned (money from a job) and unearned (money you get that does not come from a job). Examples of unearned income can be unemployment benefits, Social Security, disability benefits, SSI/SSP, gifts, child support, or worker's compensation. See the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more examples of earned and unearned income. You need to answer this section to keep your benefits.

Here is what we know:

Review what we have for your household.

If you need to add more people or information in any of the sections, please write it on a separate sheet of paper. Send the extra page with your SAR 7 form.

Household member name (first, middle, last)	**Source of income/ employer name**	**How often paid?**	**Total gross income received**	**Hours worked per month**

Income (2 of 3)

Update or add new income:

Has your earned or unearned income changed since you last reported, or will it change within the next six months? (For example: someone started, stopped, or changed jobs; had a change in social security or unemployment benefits; lottery winning installments; and/or the household started or stopped getting housing or utilities for free or in exchange for work).

☐ Yes, fill in below ☐ No

NOTE: If you check 'No' you still need to send us proof of your income. If you don't have proof or need help getting proof, let the county know.

NOTE: If you check no, you do not need to submit proof.

Did your total unearned income for all household members combined increase by more than $_____ within _____?

☐ Yes, fill in below ☐ No

*If your income fluctuates (changes) every month, check the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more information on how to report it.

Household member name (first, middle, last)	**What is the change?**	**Source of income/ employer name**	**How often paid?**	**Total gross income received in** _____	**If employed, hours worked per month**
	☐ Income started ☐ Income stopped ☐ Income changed **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ From a job **Employer name:** _____ _____ ☐ Not from a job **Type of income:** _____	☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Twice a month ☐ Other	**Amount received:** $ _____ **Date(s) received** (month, day, year): _____ _____	
	☐ Income started ☐ Income stopped ☐ Income changed **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ From a job **Employer name:** _____ _____ ☐ Not from a job **Type of income:** _____	☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Twice a month ☐ Other	**Amount received:** $ _____ **Date(s) received** (month, day, year): _____ _____	

Income (3 of 3)

Household member name (first, middle, last)	What is the change?	Source of income/ employer name	How often paid?	Total gross income received in _____	If employed, hours worked per month
	☐ Income started ☐ Income stopped ☐ Income changed **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ From a job **Employer name:** _____ _____ ☐ Not from a job **Type of income:** _____	☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Twice a month ☐ Other	**Amount received:** $ _____ **Date(s) received** (month, day, year): _____ _____	
	☐ Income started ☐ Income stopped ☐ Income changed **Explain:** _____ _____ **Date of change** (month, day, year): _____	☐ From a job **Employer name:** _____ _____ ☐ Not from a job **Type of income:** _____	☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Twice a month ☐ Other	**Amount received:** $ _____ **Date(s) received** (month, day, year): _____ _____	

Did you attach proof for the income change(s) listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Did you or any household members stop working because of a strike?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	Gross income before going on strike
	Gross Income: $_____

Resources (1 of 2)

Tell us about the resources for you and every member of your household. Resources include cash on hand, money in checking or savings accounts, stocks or bonds, land, or personal resources. See the SAR 7 Eligibility Status Report Instructions (SAR 7A) for more information on what you have to tell us.

Here is what we know:

Review what we have for your household.

Household member name (first, middle, last)	**Type of resource**	**Value**

Total amount of resources applied to your case: $_____

Resources (2 of 2)

Update or add new resources:

Resources include cash on hand, money in checking or savings accounts, stocks or bonds, land, or personal resources. Vehicles are not counted for CalFresh. You do not need to report a change in vehicle or a new vehicle.

Have your resources changed since you last reported, or do you have new resources?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	**Type of resource**	**Value**	**Date(s) received** (month, day, year)
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	

What happened to your resource?

☐ Bought ☐ Traded
☐ Sold ☐ Won
☐ Gave away ☐ Open/close (example: bank account)
☐ Got as a gift ☐ Other (Explain): _____

Did you attach proof for the resource change(s) listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Expenses (1 of 3)

Telling us if you have any of the expenses below may increase your benefits.

Here is what we know:

Review what we have for your household.

Household member name (first, middle, last)	**Type of expense**	**Amount of expense**	**How often is expense paid?**

Expenses (2 of 3)

Update or add new expenses:

Have your expenses changed? (This is an optional question; your benefits will not stop if you don't answer this question.)

☐ Yes, tell us your expenses below. ☐ No

Rent and Utilities

Has your address changed?

☐ Yes. You must report your new housing and utility expenses below. ☐ No

What is your monthly rent or mortgage payment? $_____

If you don't have a permanent home address, do you spend money on temporary housing such as hotels/motels, campsites, lodging, or shared housing?

☐ Yes ☐ No

Do you pay any of the following costs? Check all that apply.

☐ Phone (including cell)
☐ Electric/Gas
☐ Water
☐ Trash
☐ Mobile home lot rent
☐ Property tax: $ _____
☐ Home/Renter's insurance: $ _____
☐ Homeowner's Association (HOA) fees: $_____
☐ Other (please specify): _____

Dependent/Child Care

Who paid for dependent/child care? _____

Amount paid for dependent/child care in _____: $ _____

Names of dependents/ children: _____

Child Support

This question is asking if anyone in your household paid someone else not in your household for child support.

Who paid for child support?_____

Amount of child support you or a household member paid in _____: $_____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Expenses (3 of 3)

Medical Costs (T*his applies to anyone in your household who is age 60 or older, or is disabled, and has new medical costs, a change in the amount of medical costs paid, or medical costs not reported before*.)

Who paid for medical costs?
Amount paid for medical costs in _____: $_____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Gambling or Winning the Lottery

You need to answer this question to keep your CalFresh benefits. **Please send us proof**.

Did anyone in your household win $_____ or more from gambling or playing the lottery within the last six months?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	**Date of winning** (month, day, year)	**Amount won**
		$
		$

Did you attach proof for the changes listed above?

☐ I have attached proof ☐ I do not have proof/I need help getting proof

CalFresh Work Requirement for Able-Bodied Adults Without Dependents

The names below are considered **Able-Bodied Adult(s) Without Dependents (ABAWDs)**. This is an optional question. You do not need to answer this question, but it can help you keep getting benefits.

Household member name (first, middle, last)

ABAWDs are persons aged 18-54 without dependent children. ABAWDs must meet the work requirement or be excused from meeting the work requirement to get CalFresh for more than 3 months. For the person(s) listed above, check all the boxes that apply. Checking one or more boxes may help you to keep getting CalFresh.

- ☐ Has a physical or mental health issue that may stop them from working 20 hours per week for a total of 80 hours per month. Name of ABAWD: _____
- ☐ Is caring for a child under age 6 (The child does not need to live with you). Name of ABAWD: _____
- ☐ Is caring for a person with a disability (The person does not need to live with you). Name of ABAWD: _____
- ☐ Is pregnant (any stage of pregnancy). Name of ABAWD: _____
- ☐ Is going to school or training at least half time. Name of ABAWD: _____
- ☐ Is getting or has applied for unemployment benefits Name of ABAWD: _____
- ☐ Is in a drug or alcohol treatment program, or experiencing a drug or alcohol problem. Name of ABAWD: _____
- ☐ Is participating in an Office of Refugee Resettlement (ORR) training program for at least half time. Name of ABAWD: _____
- ☐ Lives with a child in the home under age 18, even if the child under 18 is not receiving CalFresh benefits. Name of ABAWD: _____
- ☐ Is experiencing homelessness (this means the person lacks a fixed and regular nighttime residence).
- ☐ Is a veteran (a person who served in the United States Armed Forces, including reserve, and discharged or released, regardless of the condition of discharge or release).
- ☐ Is 24 years of age or younger and was in foster care on the day they turned 18.

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Outstanding Warrant/Probation or Parole Violation $

You need to answer this question to keep your CalWORKs or other cash aid benefits.

Does anyone in your household currently have an outstanding felony warrant or have been found to be in violation of their parole or probation?

☐ Yes, fill in below ☐ No

Household member name (first, middle, last)	**Warrant or violation?**	**Date of warrant or violation** (if you know):	**In which state did the warrant or violation occur?**
	☐ Outstanding Warrant ☐ Parole/Probation Violation		

Life Events $

Tell us if any of the situations below changed since you last reported. Check all that apply and **send us proof**. You need to answer this section to keep your CalWORKs or other cash aid benefits.

☐ **No Changes** (Check this box if none of the below happened to your household.)

☐ **Family Changes** (This includes getting married, separated, divorced, entering or ending a California Registered Domestic Partnership [RDP], or a non-California Domestic Partnership [DP], ending a DP or RDP, becoming pregnant, or no longer pregnant, adopting a child, and/or fostering a child.)

☐ **Immigration Changes** (This includes a change in citizenship or immigration status, or expiration or date change on immigration card or document.)

☐ **Custody Changes** (You need to report if you no longer have custody, or have custody less than 50 percent of the time, or if your custody time has increased.)

☐ **In-Home Supportive Services** (IHSS) **Changes** (This includes starting or stopping IHSS services.)

☐ **School/College Attendance Changes** (For students aged 18 or older who started or stopped attending school or college.)

☐ **Other Changes** (Explain): _____

Please provide proof if you have it.

☐ I have attached proof ☐ I do not have proof/I need help getting proof

Explain the change(s) in the space below and send us proof. If you need more space for your answers, write them on a separate sheet of paper. Send the extra sheet of paper with your SAR 7 form.

Explain: _____

Sign and Date

You need to sign and date this form, or it will be considered incomplete.

CERTIFICATION – FRAUD WARNING:

Who must sign below:

- **For CalWORKs or other cash aid:** You and your aided spouse, registered domestic partner, or other parent (of cash-aided children) if living in the home. (For two-parent households, a signature and date is required from both parents).
- **For CalFresh:** The head of household, a responsible household member, or the household's authorized representative.

I understand that:

If I don't report all facts or give wrong information on purpose 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 because of such an action.
I have received a copy of the SAR 7 Eligibility Status Report Instructions (SAR 7A).

I declare that:

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, correct, and complete.

_____ _____

Signature of the head of household, responsible household member, parent, caretaker, or authorized representative of the household Date

_____ _____

Signature of spouse, registered domestic partner, or other parent living in the home (if applicable) Date

_____ _____

Signature of witness to mark, interpreter, or other person completing form (if applicable) Date

Remember to attach all proof if required, and all additional copies or extra pages. Contact your county if you need help, the county may be able to help you get proof if you need it.