

Questions and Answers About the SAR 7

<p>What is the Semi-Annual Report (SAR 7)?</p>	<p>The Eligibility Status Report, also known as the SAR 7, is a report form that some CalWORKs (cash aid) and CalFresh households must complete, sign and send to the County, once a year. Benefits may be discontinued if verification of the information reported on the SAR 7 is not provided.</p>
<p>How often do I have to send the SAR 7?</p>	<p>You must submit the SAR 7 once a year (six months after your application and then six months after your annual Renewal).</p>
<p>I just applied for aid, when do I have to send the first SAR 7?</p>	<p>You must send the first SAR 7 in the sixth month after your application. Example: If you apply in April and are approved for benefits for April, you must send the first SAR 7 in September; August is your Report Month and September is your Submit Month. The annual Renewal would be due in March.</p> <p>The SAR 7 is due to the County on the 5th of the Submit Month. The County will consider the SAR 7 late when received after the 11th of the month. Your benefits may be stopped or delayed if the SAR 7 is late, or incomplete, or a required signature is missing.</p>
<p>What is the Submit Month? What is the Report Month?</p>	<p>The Submit Month is the month you are required to provide the SAR 7 to the County. The Report Month is the month prior to the month the SAR 7 is due. You are required to report the income that you received this month, your expenses, and changes you expect to continue.</p> <p>The Submit Month is the month you are required to provide the SAR 7 to the County. Example: If you must provide the SAR 7 in September, you will be reporting what has happened during the month of August; August is the Report Month and September is the Submit Month.</p>
<p>What information must be reported on the SAR 7?</p>	<p>You must report and send verification/proof of earnings and/or monies received in the Report Month on:</p> <ul style="list-style-type: none"> <input type="radio"/> All related persons living with you if receiving CalWORKs (cash aid); and <input type="radio"/> All the persons buying and preparing food with you if receiving CalFresh benefits; <p>You must also report:</p> <ul style="list-style-type: none"> <input type="radio"/> What happened since you last report; <input type="radio"/> A change in address, if you have moved, and changes in housing costs; and <input type="radio"/> Information you expect will change in the next six months (e.g., you will change jobs, get married, etc.)



How can I replace or get another SAR 7?

If you want the County to send you a replacement SAR 7, call the CALL CENTER line at:

1 (800) 223-8383

Please follow the recorded instructions to speak to a worker. For faster service, have your case number ready. You may call the Call Center, Monday – Friday, 8:00 a.m. to 5:00 p.m.

Blank SAR 7s are also available at your local Regional Office in San Mateo County.

How do I send or submit the SAR 7?

The County mails a pre-printed SAR 7 approximately three days before the end of the **Report Month**. You can mail the pre-printed SAR 7 or submit the SAR 7 via MyBenefits CalWIN (<https://www.mybenefitscalwin.org/>)

How To Complete the SAR 7

NOTE:

You must answer every question on the SAR 7 by checking the appropriate box.

Yes NO

If you answer 'Yes' to any question you must complete all the information for that question and attach proof.

Question 1

Complete Question 1 of the SAR 7 to let us know if someone has moved in or out of your home since the last report.

1. Has any one moved in to 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?
<input type="checkbox"/> In <input checked="" type="checkbox"/> Out 8/29/13	Andy Moore	6/26/89	Nephew	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Question 2

Complete Question 2 to let us know if you have moved.

2. Have there been any changes to address since you last reported? Yes NO (If yes, complete the section below)

New address: 1234 Home Way, San Diego CA 91234 Date Moved: 8/4/15

Mailing Address (if different than above)

If you are receiving CalWORKs (cash aid) benefits you MUST report your new address within 10 days of moving. You do not have to wait for your SAR 7 to inform the County of the address change. You can call ACCESS at 1 (800)223-8383.

Question 3

Complete Question 3 to let us know if the amount you pay for rent or mortgage has increased or decreased and if your utilities have changed.

3. If you have moved or have new/changed housing costs since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ 950.00	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: <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Trash <input type="checkbox"/> Water <input checked="" type="checkbox"/> Electric/Gas <input type="checkbox"/> Other heating or cooling costs	

Question 4

Note: This question pertains only to CalWorks clients. Complete Question 4 if anyone in your household has been convicted of a drug related crime, is running from the law, or has violated their probation or parole.

4. 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,B,C From Above	Where Did The Arrest Or Conviction Happen?	Date of Arrest/ And Or Conviction

Question 5

Complete Question 5 if you or a household member is disabled or elderly (over 60 years old) and pays medical expenses.

5. MediCal Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled have a change in medical costs?

Yes No (If yes complete the section below)

Who had the change?

Amount : \$

Question 6

Complete Question 6 if you or someone in your household pays child support.

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, what was the amount paid in the Report Month? \$ 100.00

Who paid support? John Smith

If Yes, Attach proof.

Question 7

Complete Question 7 if you have paid a babysitter to take care of a child, or you paid someone to take care of a disabled person in your household.

7. Dependent or child care: Did anyone who gets CalFresh and either works, is looking for work, or is going to school have a change in dependent care or child care costs since they last reported?

Yes No If yes, what was the amount paid in the Report Month? \$ 400.00

Who paid: Mary Smith

List child/children: John Smith Jr.

Question 8

Complete Question 8 if there were any changes to your property.

8. Did any one: Get, buy sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?

Yes No (If yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	<input type="checkbox"/> Bought <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
<u>John Smith</u>	<u>Car</u>	<u>8/24/15</u>	<u>\$500.00</u>	<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

Question 9

For Question 9, enter the name of the person who worked or received paid training. **Please explain if a job or income is expected to change in the next six months** and attach another sheet of paper if necessary. This is important to determine the amount of benefits you will receive over the next six months.

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.

	Job #1	Job #2	Job #3
Name of person who got Income:	<i>John Smith</i>	<i>Mary Smith</i>	
Source of income:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount they got, list here:	\$ 200.00 \$ 150.00 \$ 182.00 \$ 190.00 \$ \$	\$ 300.00 \$ 320.00 \$ \$ \$ \$ \$	\$ \$ \$ \$
Hours worked per month:	<i>90.25</i>	<i>59.04</i>	
Will this income continue?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

Question 10

Complete question 10 if there will be any changes from your income employment in the next six months.

Will there be any changes to your job or income in the next six months? Examples: Stopping, starting, increase or decrease of income, changes in hours, quitting a job or going on strike, change in how often you are paid.
 Yes No (If yes, explain): Use a separate piece of paper if needed:

Question 11

For Question 11, enter the name of the person who received any income from any other sources. Write the name of the person that received the money, the person or agency that provided the income, how often they receive the money, and the total amount that was received.

11. Did anyone get money from any other source 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. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, etc.

Name	Source of income	One time payment or monthly	How much
<i>Mary Smith</i>	<i>Birthday gift from my mom</i>	<i>One time gift</i>	<i>\$ 50.00</i>
			\$
			\$

Question 12

Complete question 12 if there will be any changes to the money that you received from other sources in the next six months (including the money listed in #11).

Will there be any changes to this income in the next six months? Yes No

Explain here: *My mom gave me \$50.00 for my birthday. She doesn't give me money all the time, this was just for my birthday*

Question 13

Note: This question pertains only to CalWORKs clients. Complete question 13 to tell us if you had any other changes in the last six months and explain.

13. **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 (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- 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 Support Services (Started or stopped getting services?)
- School Attendance
 - *For Cash Aid Only-Student age 6-18 stopped or started attending school regularly?
 - *For Age 16 or older student-started or stopped school/college? (You may be able to claim costs for books, school transportation, etc
- Someone paid for all of my housing, food, clothing or utility costs. (Please explain) _____
- Other *Our monthly rent will go up to \$7,000.00 on January 1, 2016*

Remember to sign and date and provide the SAR 7 Report to the County as soon as possible during the **Submit Month**; not the month you receive the SAR 7 in the mail. If you sign and date the SAR 7 incorrectly, your benefits may be delayed or discontinued.

In this example, the **Report Month** is August 2015 and the **Submit Month** is September 2015. Therefore, the SAR 7 should be signed and dated in September 2015.

Note: This example is a CalFresh case and only Mary Smith has to sign the SAR 7 under penalty of perjury.

For CalWORKs (cash aid) cases **all parents of aided children**, must sign and date the SAR 7 under penalty of perjury.

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.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the county to make whatever contacts are necessary to determine eligibility.

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. I may also be charged with committing a felony if more than \$950 in Cash Aid, and /or CalFresh is wrongly paid out as a result of such action. I have received a copy of instructions and penalties for the Eligibility/Status Report for Cash Aid and CalFresh.

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, domestic partner, and 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.

SIGNATURE OR MARK 	DATE SIGNED 9/3/2015	HOME PHONE 619-555-1234	CONTACT/CELL PHONE ()
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM 	DATE SIGNED

Am I required to report changes to the County that happen between my SAR 7 or my annual renewal?

If you are receiving CalFresh benefits, you are mandated to report when your family’s combined total gross monthly income is more than the maximum allowed to get benefits. **Note:** Some clients may be mandated to report their household’s income if it is more than the current Income Reporting Threshold (IRT). This is your Income Reporting Threshold (IRT) for your family size (see the chart below). You must report this information to the County within 10 calendar days.

If your family size is:	You must report when the total income is more than:
1	\$1,962
2	\$2,656
3	\$3,350
4	\$4,042
5	\$4,736
6	\$5,430
7	\$6,122
Each Additional Person	\$694

To report changes, call the Call Center toll free at 1 (800) 223-8383

If you are receiving CalWORKs (cash aid) benefits, you **MUST ALSO** report the things below within 10 days of when they happen:

- Anytime your household’s total monthly income is more than your current Income Reporting Threshold (IRT).
- Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
- Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
- Anytime you have an address change.

Voluntary reporting Information

You may also report changes to the County anytime. Reporting some changes may get you more benefits, For example:

- Your income stops or goes down.
- Someone who has income has moved out of your home.
- Someone moves into your home and has no income.
- Your minor child becomes pregnant and is receiving Cal-Learn services/benefits.
- CalWORKs (cash aid) special needs that you or someone in your household may have such as, pregnancy special needs, a special diet prescribed by a doctor, etc.
- The birth of a child
- For CalFresh: anyone in your household who is disabled or age 60 or older has new or higher out of pocket medical costs.

Note: Some changes you report voluntarily may result in a decrease in your CalFresh benefits.

You can report mid-period changes to the County by:

- Calling the Call Center toll free: 1 (800) 223-8383, or
 - In person at your local Regional Office in San Mateo County
- Note:** If you have any questions for CalWORKS you can speak directly to your worker