

Changes that happened during this month & year

SAR 7 ELIGIBILITY STATUS REPORT



REPORT MONTH

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

SUBMIT MONTH

SUBMIT MONTH

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

Worker Name:

Worker Phone:

County:

Street address:

City, State, Zip Code

BAR CODE:

Month the report must be submitted

If you have any questions or need help filling out this form, please call your case manager. If you do not have your case manager's contact information, please call (805) 781-1600 for assistance.

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 new babies) or did you move in with someone else since you last reported? [ ] Yes [ ] No (If yes, complete the section below)

Table with 5 columns: Date of Move (In/Out), Name (First, Middle, Last), Date Of Birth, Relationship To You, Regularly Purchase And Prepare Food Together? (YES/NO)

2. Has your address since you last reported? [ ] Yes [ ] No (If yes, complete the section below)

ALL questions must be answered YES or NO

3. If you have 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)

Table with 4 columns: Name of person, A or B from above, In what state was the warrant issued, or did violation happen?, Date of warrant or violation

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.

Who had the increase? [ ] Amount of increase: [ ]

6. Child Support: If anyone who gets CalFresh and is responsible for child support has 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).

Table with 5 columns: Who?, Type of Property?, When?, Amount/Value?, and a set of checkboxes for property types: Bought, Sold, Gave Away, Spent, Got as a gift, Traded, Won, Other