

COMPLETING YOUR SAR 7

Questions and Answers

WHAT IS THE SEMI-ANNUAL REPORT (SAR7)?

The Eligibility Status Report, also known as the SAR 7, is a report form that CalWORKs and CalFresh households must complete, sign, and send to the County. Benefits may be discontinued if verification of the information reported on the SAR 7 is not provided.

HOW OFTEN DO I HAVE TO SEND THE SAR 7?

You must submit the SAR 7 once a year (six months after your application and then 6 months after your renewal).

WHEN DO I HAVE TO SEND THE SAR 7?

*You must send the SAR 7 in the sixth month after your application. Example: If you apply in April, you must send your SAR 7 in September; August is your **Report Month** and September is your **Submit Month**. Your annual Renewal would be due in March.*

*The SAR 7 is due to the County of 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.

WHAT IS THE SUBMIT/REPORT MONTH?

*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.*

*Example: If you must provide the SAR 7 in September, you will be reporting what has happened during the month of August. The **Report Month** is August and the **Submit Month** is September.*

WHAT INFORMATION MUST BE REPORTED ON THE SAR 7?

*You must report and send verification/proof of earnings and/or monies received in the **Report Month** for:*

- ⇒ *All related persons living with you if receiving CalWORKs.*
- ⇒ *All the persons buying and preparing food with you if receiving CalFresh.*

You must also report:

- ⇒ *What happened since you last reported*
- ⇒ *Any change in address and/or a change in housing costs*
- ⇒ *Information you expect will change in the next 6 months*

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NOTE:

QUESTION 1

QUESTION 2

QUESTION 3

QUESTION 4

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.

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

1. Has anyone moved into 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 checked="" type="checkbox"/> In	<input type="checkbox"/> Out 08 / 1 / 21	Jane Smith	01 / 01 / 10	Neice	<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

Complete Question 2 to let us know if you have moved. If you are receiving CalWORKs benefits, you MUST report your new address within 10 days of moving.

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

New Address: Date Moved:

Mailing Address (if different than above):

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 since you last 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

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. 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)

Name of person	A or B from above	In what state was the warrant issued, or did violation happen?	Date of warrant or violation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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QUESTION 5

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

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 and attach proof:

Who had the change? Customer Me	Amount of Increase: \$ 100
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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, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ 100
Who paid support? Customer Me

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. Must attach proof.

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? \$ 0.00
Who paid: Customer Me List dependent(s):

QUESTION 8

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

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).

Who?	Type of Property?	When?	Amount/Value?	<input type="checkbox"/> Bought <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
Customer Me	Buick	06/01/2020	\$500.00	<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. Attach another sheet of paper if necessary

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. If you lost your job, attach proof.

	Job #1	Job #2	Job #3
Name of person who got income:	Customer Me		
Source of income/Employer name:	Jamba Juice Self-employed, check here <input type="checkbox"/>		
How often paid:	<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"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ 387.50 387.50	\$	\$
DATE(S) RECEIVED:	08/13 08/27	DATE(S) RECEIVED:	DATE(S) RECEIVED:
Hours worked per month:	100		

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QUESTION 10

For Question 10, answer yes or no if there will be any changes to your income from employment.

If the answer is yes, you must attach proof.

10. Will there be any changes to your income from employment in the next six months (including income listed in #9)?
 Yes No (If yes, explain here and attach proof). Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.

QUESTION 11

For Question 11, answer yes or no to tell us if you received any money from any other source outside of a pay check.

If the answer is yes, you must attach proof.

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, Food, etc. If you no longer get money from a source you previously reported, attach proof.

Name	Source of income	One time payment or monthly	How much
Customer Me	Gift	One time	\$ 300.00
			\$
			\$

QUESTION 12

For Question 12, answer yes or no to tell us if there will be any changes to money received from any other source in the next six months.

If the answer is yes, you must attach proof.

12. Will there be any changes to money received from any other source in the next six months (including money listed in #11)?
 Yes No (If yes, explain here and attach proof). Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

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QUESTION 13

For Question 13, answer only if you are receiving CalWORKs, and tell us if you have had any other changes in the last six months and explain.

13. CalWORKs only: 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 Age 18 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 _____

SIGNATURE SECTION

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.

For CalWORKs **all parents or guardians 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 an action. I have received a copy of the Instructions and Penalties for the SAR 7 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, registered domestic partner, or the 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  Michelle O'Connor	DATE SIGNED 09/01/2021	HOME PHONE (530) 265-1760	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