

MID-PERIOD STATUS REPORT**For Cash Aid and CalFresh**

RECIPIENT'S NAME:

CASE NUMBER (IF KNOWN):

Use this form to report mandatory or voluntary changes that have occurred since you last reported.

If you are reporting income information, please provide proof, such as: pay stubs; copies of checks; letters from agencies; etc. If you're having problems getting the proof and need help, call the county.

If you are reporting changes in expenses, please provide proof, such as: receipts; canceled checks; paid invoices; etc. If you're having problems getting the proof and need help, call the county.

If you are reporting an address change, please provide proof of expenses such as: a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you get Cash Aid, report the information marked CA. If you get CalFresh, report the information marked CF. Sections marked CA/CF are for all households/assistance units.

CA/CF My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CA Someone in my household is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime.
Name of person _____

CA Someone in my household has been found by a court of law to be in violation of probation or parole.
Name of person _____

CA I have moved, changed my phone number or have a new mailing address.
New home address _____

New mailing address (if different from your home address) _____

New phone number (_____) _____

I get free rent at this new address.

I get free utilities at this new address.

My rent amount is \$ _____ per month.

My utilities are \$ _____ per month.

I share the rent; my share is \$ _____.

I have: Heating Cooling

I became homeless.

Water Sewer

Garbage Telephone

Other

See other side

MANDATORY INFORMATION - continued

CF Fill out this section to report reduced work or training hours for Able-Bodied Adults without Dependents (ABAWDs). (ABAWDs are adults between 19 and 50 who are not caring for minor children.)

The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to _____ hours per week or _____ hours per month.

Name of person(s) _____

Relationship to you _____

Explain what happened _____

Date of change _____

VOLUNTARY INFORMATION (All households/Assistance Units)

I would like to report the following information:

CERTIFICATION

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 charged with a crime. And, I may be charged with committing a felony if more than \$950 in cash aid and/or CalFresh is wrongly paid out.

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, household member or the household's authorized representative.

Signature or Mark		Date Signed	Home Phone	Contact Phone
Signature of Spouse, Registered Domestic Partner or other Parent of Cash Aided Children		Date Signed	Signature of Witness to Mark, interpreter or other person completing form	
				Date Signed