

STATEMENT OF FACTS FOR DETERMINING CONTINUING ELIGIBILITY FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

NOTICE

The county welfare department is authorized to collect the information on this form under Section 18940 of the Welfare and Institutions Code and the federal laws that govern the Supplemental Security Income/State Supplementary Payment (SSI/SSP) program. This information is needed to enable the county welfare department to determine eligibility or continued eligibility of an individual who is filing for or receiving CAPI benefits.

INSTRUCTIONS

Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant.

Tell your worker if you need help in getting proof or filling out this form.

CONTACT INFORMATION

- A. Your name (first name, middle initial, last name): _____
- B. Date of Birth: _____
- C. Home Address (street address): _____ Apartment #: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Mailing Address (if different from above): _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Phone Numbers with Area Code: Cell or Mobile (____) _____
 Message Phone (____) _____

Do you give the county permission to contact you via text message in regard to your CAPI case? Yes No

If "yes," please provide the phone number to which the county should text such messages.
(____) _____

USE REMARKS SECTION ON PAGE 5 IF YOU NEED ADDITIONAL SPACE FOR ANY QUESTION.

A. Do you need help reading this application? Yes No

Do you need help completing this application or establishing continuing eligibility for CAPI due to a disability? Yes No

Are you deaf or hard of hearing? Yes No

If you are deaf or hard of hearing, the county must provide effective communication at no cost to you. What communication method do you require (if any)? _____

COUNTY USE ONLY

Case Number: _____ CAPI SSI Ineligible

Reviewer's Initials: _____ Date Received: _____

What language do you prefer to read? _____

What language do you prefer to speak? _____

- B. Do you have any physical or mental health problems? Yes No
 (For example, high blood pressure, heart problems, diabetes, arthritis, osteoporosis, sight or vision problems, depression)

If “yes,” please explain briefly: _____

Are you a victim of abuse? Yes No

If “yes,” was the abuser your sponsor or your sponsor’s spouse? Yes No

“Abuse” means assaultive or coercive behavior, including physical, sexual and psychological abuse, economic control, stalking, isolation, threats, and other types of coercive behaviors.

- C. Do you currently receive Medi-Cal? Yes No

Do you currently receive CalFresh (Food Stamps)? Yes No

Do you currently receive SSI/SSP? Yes No

Do you currently receive IHSS? Yes No

- D. Do you need assistance in your personal care or hygiene? Yes No

Please answer “yes” to the above if you need help with eating, dressing, bathing, taking medication, moving around, etc.

- E. If sponsored, is your sponsor deceased or disabled? Yes No

WHEN ANSWERING THE FOLLOWING QUESTIONS, REFER TO THIS DATE: _____

- 1. Since the date listed above, has your immigration status changed, or have you become a United States citizen? Yes No

If “yes,” explain change and attach copies of new documents.

Change: _____

Date of Change: _____

- 2.A) Since the date above, have you been outside of the United States? Yes No

If “yes,” complete below and attach a copy of passport, reentry permit or other travel documents.

Date(s) left: _____

Date(s) returned: _____

COUNTY USE ONLY

IHSS Referral

B) Since the date above, have you been outside California? Yes No

If **“yes,”** list the date(s) you left: _____

Date(s) returned: _____

3. Since the date above, have you spent a full calendar month in a hospital, nursing home or other institution? Yes No

If **“yes,”** list the type and name of institution:

 Dates entered and left: _____

4. Since the date on page 2, has anyone moved into or out of the place where you live? Yes No

If **“yes,”** please list their names, dates of birth, and the dates they moved in or out:

5. Since the date on page 2, have you moved? Yes No

If **“yes,”** date of move: _____

New address: _____

6. Since the date on page 2, has anyone given you (or your spouse living with you) any money, food, a free place to live, or helped pay your rent or household expenses? Yes No

Type of help: _____

Who gave you help? _____

How often? _____ Amount: \$ _____

7. Since the date on page 2, have you (or your spouse living with you) earned money from working, including self-employment? Yes No

If **“yes,”** please provide the following information and attach proof.

Job #1:

Name of worker: _____

Employer’s name, address, and phone number: _____

Gross wage amount: \$ _____ How often paid: _____

Dates of employment – From: _____ To: _____

Job #2:

Name of worker: _____

Employer’s name, address, and phone number: _____

Gross wage amount: \$_____ How often paid: _____

Dates of employment – From: _____ To: _____

- 8. Since the date on page 2, have you (or your spouse living with you) received payments from any source, including from outside the United States? Yes No

For example:

- Interest/dividends
- Rental income
- Pensions/annuities
- Social Security/SSI
- Unemployment or disability benefits
- Other cash payments or checks (gifts, support from relatives)
- Veterans benefits
- Insurance benefits
- Alimony or child support
- Any other money or benefits

If “yes,” provide the following information and attach proof:

Payment #1:

Type of payment received: _____

Payment amount: \$_____ How often received: _____

Payment #2:

Type of payment received: _____

Payment amount: \$_____ How often received: _____

Payment #3:

Type of payment received: _____

Payment amount: \$_____ How often received: _____

- 9. Do you (or your spouse living with you) have any checking or savings accounts or any other money in a financial institution? Yes No

If “yes,” complete below and attach proof. Include any accounts where you have direct deposit of any money and any accounts inside or outside the United States.

Account #1:

Name of institution and address: _____

Type of account: _____ Current balance: \$_____

Account #2:

Name of institution and address: _____

Type of account: _____ Current balance: \$ _____

Account #3:

Name of institution and address: _____

Type of account: _____ Current balance: \$ _____

- 10. Do you (or your spouse living with you) have any cash, stocks, bonds, notes, or certificates of deposit inside or outside the United States? Yes No

If "yes," please provide the following information and attach proof.

What you have #1: _____

Value: \$ _____

What you have #2: _____

Value: \$ _____

- 11. Do you (or your spouse living with you) own any land or buildings or does your name appear on any deed or mortgage of any property inside or outside the United States? Yes No

If "yes," please provide the following information and attach proof.

Type of property: _____

Location of property: _____

Value: \$ _____

Type of property: _____

Location of property: _____

Value: \$ _____

Type of property: _____

Location of property: _____

Value: \$ _____

REMARKS: Use this area to add to the information you have provided on the previous pages, or to provide other information:

CHANGES TO REPORT

REPORTING RESPONSIBILITIES

You must tell us about any change within 10 days after the change occurs. Failure to report any change within 10 days after it occurs could result in an overpayment that must be repaid.

WHERE YOU LIVE – You must report to the County Welfare Department if:

- You move.
- You leave the United States for 30 days or more.
- You are no longer a legal resident of the United States.
- You are released from a hospital, nursing home, etc.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.

HOW YOU LIVE – You must report to the County Welfare Department if:

- Someone moves into or out of your household.
- Someone in your household dies or a baby is born into your household.
- The amount of money you pay toward household expenses changes.
- Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together after a separation.
 - You begin living with someone as husband and wife.

INCOME – You must report to the County Welfare Department if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

HELP YOU GET FROM OTHERS – You must report to the County Welfare Department if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN – You must report to the County Welfare Department if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give away any things of value.
- You buy or are given anything of value.

YOU ARE BLIND OR DISABLED – You must report to the County Welfare Department if:

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.

UNMARRIED AND UNDER AGE 22 – A report to the County Welfare Department must be made:

- If you are the parent of a child who receives CAPI benefits and you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
- If the child starts or stops school.

YOUR UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) STATUS CHANGES – You must report any change to the County Welfare Department within 10 days.