

STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16

(Supplemental Application and Request for Cash Aid and/or Food Stamps)

INSTRUCTIONS:

Fill out this form for a new child in the home and sign the Certification section. If you need more space, attach another sheet of paper. Use one form for each child.

If you get Cash Aid, and you want aid for the new child, this form must be filled out by the parent or adult caretaker relative.

For Food Stamp households which do not get or want to get Cash Aid, this form must be filled out by an adult household member or authorized representative.

CHILD NEEDS AID DUE TO PARENT'S
 BELOW
 DEATH DISABILITY ABSENCE UNEMPLOYMENT

1. Parent's or Caretaker Relative's Name _____ Phone () _____

2. Give us all the facts for this child.

CHILD'S NAME (FIRST, MIDDLE, LAST)		MOTHER'S NAME	
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	FATHER'S NAME	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE (MONTH, DAY, YEAR)	BLIND, DEAF, OR DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF AID REQUESTED <input checked="" type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps		CITIZEN/NONCITIZEN STATUS <input checked="" type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> YES <input type="checkbox"/> NO	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	IF CHILD IS UNDER AGE 6, ARE IMMUNIZATION SHOTS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not under age 6	

3. Did the child get cash aid or food stamps this month? YES NO
 If "YES", complete below:

TYPE OF AID <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps	WHERE (County, State)
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4. Does the child get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc. If "YES", complete below: YES NO

TYPE OF INCOME	AMOUNT (Before Deductions, if any)	WHEN	HOW OFTEN
	\$		

5. A. Complete below if you want cash aid for this child and the child is between ages 6 to 16. Does he/she attend school regularly? YES NO
 If "NO", explain why he/she does not attend regularly: Not Age 6-16

B. Is the child pregnant or a teen parent? YES NO
 If "YES", Check status: Pregnant Teen Parent

SCHOOL STATUS, CHECK
 Has a High School Diploma Has a GED Not Attending School (explain):
 Currently Attending School Other (explain):

C. Has the child received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program? If "YES", complete below: YES NO

WHERE (COUNTY)	DATE(S) RECEIVED
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6. Has the parent(s) of this child been in the United States (U.S.) military? YES NO
 If "YES", complete below:

NAME OF PARENT	PARENT A U.S. CITIZEN	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

7. Complete below if you want food stamps for this child and the child is not a citizen of the U.S.

A. How many years total has this child and/or his/her parents lived in the U.S.?
 B. While living in the U.S., in how many of the years did this child and/or the child's parents earn money by working in the U.S.?
 C. While living outside the U.S., how many total years did this child and/or the child's parents work in the U.S. or for a U.S. company?

COUNTY USE ONLY

CASE NAME			
CASE NUMBER			
WORKER NAME AND NUMBER			
DATE RECEIVED			
AU	Non-AU	MFG Child <input type="checkbox"/> Yes <input type="checkbox"/> No	FS Non-HH Excl. Member Code:
Work Registration/Exemption Codes: WtW: _____ FS: _____			
VERIF: <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> Citizen <input type="checkbox"/> SAVE <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Immun.			
Alien Reg. No.		D.O.E.	
<input type="checkbox"/> CA and FC Elig/CR Chooses: Child <input type="checkbox"/> CA <input type="checkbox"/> Foster Care CR <input type="checkbox"/> CA <input type="checkbox"/> None			
<input type="checkbox"/> Verification provided			
<input type="checkbox"/> Verification provided <input type="checkbox"/> FC Income Counted on FS Case <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CA Eligible for Higher MAP			
Income		<input checked="" type="checkbox"/> if exempt	
Unearned	Earned	CA	FS
Verified: <input type="checkbox"/> Referred to Cal-Learn			
<input type="checkbox"/> CA 25 <input type="checkbox"/> CA 25A			
CA 5 Date Initiated _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
FS: Honorable Discharge		<input type="checkbox"/> YES <input type="checkbox"/> NO	

8. Does the child own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? If "YES", complete below:				<input type="checkbox"/> YES <input type="checkbox"/> NO	COUNTY USE ONLY
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE	<input type="checkbox"/> Verification provided <input type="checkbox"/> CA Restricted Account <input checked="" type="checkbox"/> Check if exempt <input type="checkbox"/> CA <input type="checkbox"/> FS	
9. Does the child have Medicare or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? If "YES", list insurance coverage:				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Verification provided Health Coverage Code:
10. Is the child hiding or running from the law for a felony, to avoid a felony prosecution, custody or confinement after conviction, or in violation of parole or probation?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Has the child been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? If "YES", give facts for cash aid, for convictions on or after 1/1/98; and for food stamps, for crimes and convictions after 8/22/96.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE CONVICTED		DATE CRIME COMMITTED			

12. A. If you can get cash aid, eligible members of your family under age 21 may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP).			YES	NO	<input type="checkbox"/> CHDP brochure and explanation given <input type="checkbox"/> CHDP Referral <input type="checkbox"/> Date:
• Do you want more facts about CHDP services?.....					
• Do you want free CHDP medical or dental services?.....					
• Do you need help making appointments or getting to the doctor or dentist?					
B. Do you want more facts about immunization services?					<input type="checkbox"/> Referred for Immunization
C. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs?					<input type="checkbox"/> Other services referral
D. Does anyone who is pregnant need to find a doctor, get medical transportation, and/or other help?					<input type="checkbox"/> Pregnant <input type="checkbox"/> Parent or Guardian of child under 5
E. Is anyone breastfeeding a child?					<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum
If "YES", was the birth within the last three months?					<input type="checkbox"/> WIC referral
F. Do you want to get facts or services from a Family Planning Clinic to help you plan your family size and prevent unplanned pregnancies?					<input type="checkbox"/> Family Planning info given Date Referred:

CERTIFICATION

I understand that:

- If I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility and aid payments, I may be fined, jailed/imprisoned, or both. I can be fined up to \$10,000 for cash aid and \$250,000 for food stamps. I can be sent to jail/prison for up to 3 years for cash aid and 20 years for food stamps. And benefits for cash aid and food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.
- My case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.
- The facts I give will be checked out by local, state, and federal personnel.
- The county will send facts to the Immigration and Naturalization Service (INS) for proof of immigration status.
- The facts the county gets from INS may affect eligibility for cash aid and food stamps.
- The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child's eligibility for cash aid and/or food stamps and to prove that I am getting the right amount of cash aid or food stamps. And the social security number will be matched with law enforcement agency records for arrest warrants.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts is true, correct, and complete.

WHO MUST SIGN THIS FORM: For Cash Aid, you and your aided spouse or the other parent (if living in the home) of an aided child. For Food Stamps, an adult household member or authorized representative.

SIGNATURE OF CARETAKER RELATIVE AND/OR ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE
SIGNATURE OF CASH-AIDED SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME) OF CASH-AIDED CHILD	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)				IMMUNIZATION	
<input type="checkbox"/> ELIGIBLE				<input type="checkbox"/> Informing (TEMP CW 101/101A)	
Eligibility Conditions Met - Date:	Authorization Date:	Effective Date of Aid:		Regs Met:	
Signature of County Worker	Date	Signature of Supervisor		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				Date	