

STATEMENT OF FACTS

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

NOTICE

Your county welfare office 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 help your county welfare office determine your eligibility for CAPI benefits.

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE

The federal Americans with Disabilities Act (ADA) and state law protects people with physical, mental, emotional, learning, and developmental disabilities. The ADA also protects people who have health problems.

Do any of these apply to you?

- ✓ Have a visual, hearing, or speaking impairment
- ✓ Need a sign language interpreter
- ✓ Have difficulty walking, sitting, or standing for a long time
- ✓ Need help filling out or understanding forms or complicated instructions

If you don't know, you can talk about it with us. If you need help in applying for CAPI, please ask a county worker right away!

You have the right to equal access to programs and services. If denied an accommodation, you may file a civil rights complaint or disability grievance with your county welfare office's disability rights coordinator.

What type of help can the county provide to applicants with disabilities?

Some examples include helping you read and fill out application forms or explaining any notices provided to you. If you tell us you need help applying for benefits, we will work with you to find a way to help you. You do not need to give us a diagnosis or be in treatment to get this help.

Did you know?

If a disability makes it difficult for you to travel to a county office for an interview, please let a county worker know and the county will come to you. Your county can:

- Interview you at your home, at a skilled nursing facility, at a hospital, or at another convenient location.
- Use video chatting (such as FaceTime or Skype) to conduct interviews remotely.
- Help you get the documents you may need to support your application for CAPI.

LANGUAGE ACCESS NOTICE

California's Dymally-Alatorre Bilingual Services Act of 1973, Government Code §7290 et seq., requires that application forms and notices be made available in multiple languages. Explanations of benefits, instructions on how to fill out applications, and interviews with county staff must be made available in your preferred language. Please tell a county worker, in person or by telephone, if you would like to be assisted in your language.

Please help us make it easier for you to apply for CAPI by answering the following questions:

- a. Do you need help reading this application? Yes No
- b. Do you need help applying for CAPI due to a disability? Yes No
- c. 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)?

- d. What language do you prefer to read?

- e. What language do you prefer to speak?

INSTRUCTIONS

CAPI is a state-funded program for non-citizens only. Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant.

If you need more space, use the “Remarks” section on page 15. Tell your worker if you need help in getting proof or filling out this form.

COUNTY USE ONLY

Case Name

Case Number

Worker

Date Received

Linkage

- Aged
- Blind
- Disabled

ID

SECTION 1: APPLICANT INFORMATION

- a. Your name (first name, middle initial, last name):

Date of Birth: _____

Social Security Number: _____

I don't have a Social Security number.

- b. **Contact Information**

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 (_____) _____

Home/Work/Message(_____) _____

Email Address: _____

COUNTY USE ONLY

c. 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. (_____) _____

d. Did you ever use any other names (including maiden name)? Yes No

If “yes,” please use the space below to list other names used:

e. **Optional:** (This question is optional and your response is confidential.)

Ethnicity: Are you of Hispanic, Latino or Spanish origin?

Yes No Decline to state

If you answered “yes” to the above, do you consider yourself:

- Mexican Puerto Rican Cuban
- Guatemalan Salvadoran Honduran
- Other (please specify): _____

f. **Optional:** (This question is optional and your response is confidential.)

Race/Ethnic Origin: Please check all that apply.

- White American Indian or Alaskan Native
- Black or African American
- Other or Mixed (specify): _____
- Asian (if checked, please select one or more of the following:):
 - Filipino Cambodian Asian Indian Chinese
 - Korean Laotian Japanese Vietnamese
 - Samoan Hmong
 - Other Asian (specify): _____
- Native Hawaiian or Other Pacific Islander (if checked, please select one or more of the following):
 - Native Hawaiian Guamanian or Chamorro
 - Other (specify): _____

g. *A response to this question is required from all applicants for cash aid. Your response is confidential.*

What is your sex? Female Male
 Transgender: male to female
 Transgender: female to male

h. **Optional:** (This question is optional and your response is confidential.)

How do you identify your gender identity? Please check one:

- Female Male Transgender: male to female
- Transgender: female to male Another gender identity
- Non-Binary (neither male nor female) Decline to state

COUNTY USE ONLY

- i. **Optional:** (This question is optional and your response is confidential.)
What sex was listed on your original birth certificate? Please check one: Female Male Decline to state
- j. **Optional:** (This question is optional and your response is confidential.)
How do you identify your sexual orientation? Please check one:
 Straight or heterosexual Gay or lesbian Bisexual Queer
 Another sexual orientation Unknown Decline to state
- k. Are you homeless? Yes No
("Homeless" means you do not have a regular place to sleep at night or you sleep in a temporary location such as a shelter or motel room or you sleep in a place not meant for human habitation, such as a car, train or bus station, airport or abandoned building, or you sleep outdoors or you are temporarily "doubled up" with other people because you are unable to pay for your own place to live.)
- l. Do you intend to remain in California? Yes No

SECTION 2: HEALTH

- a. Do you have any physical or mental health problems or are you blind? Yes No
Examples include high blood pressure, heart problems, diabetes, arthritis, osteoporosis, vision problems, depression, etc.
- b. If you answered "yes" to the above, please briefly explain:
Health Problem #1 – Date Problem Began: _____
Describe Health Problem #1: _____

Health Problem #2 – Date Problem Began: _____
Describe Health Problem #2: _____

Health Problem #3 – Date Problem Began: _____
Describe Health Problem #3: _____

- c. 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.

- Current Medi-Cal or SSA Disability Determination
- DDSD Referral Completed
- Disabled
- Blind
- Presumptive Disability
- SSI Referral Completed

- APS Referral?
 Yes No N/A

COUNTY USE ONLY

SECTION 3: MARITAL STATUS

- a. What is your marital status?
 Single/Never Married Married Divorced
 Widowed Separated

If you are not currently married, please go to **Section 4** below.

- b. Your spouse’s name (first name, middle initial, last name):

Your spouse’s date of birth: _____

- c. Did your spouse ever use any other names (including maiden name)? Yes No
If “**yes**,” please use the space below to list other names used:

- d. Are you and your spouse living together? Yes No

- e. If you answered “**no**” to the above, please list the date that you and your spouse began living apart:

- f. If you do not live with your spouse, please list your spouse’s address (number and street, city and zip code):

- g. Is your spouse applying for CAPI? Yes No

Spouse:

Linkage:

- Aged
- Blind
- Disabled

ID:

Spouse Eligible?

- Yes No

SECTION 4: IMMIGRATION STATUS - GENERAL

- a. Are you a United States citizen? Yes No
If you answered “**yes**” to the above, please go to the end of the application and sign your name.

- b. Would you like information on how to become a United States citizen and assistance with the citizenship process? Yes No

- c. Have you or your spouse (or former spouse) ever served in the U.S. military? Yes No

- d. What is your Alien Registration Number? _____

- e. Where was your port of entry? _____

Resident Card on File?
 Yes No N/A

Resident Card Expired?
 Yes No N/A

If Yes: Current status verified on SAVE?

- Yes No

COUNTY USE ONLY

- f. Are you lawfully admitted for permanent residence in the United States? Yes No
- g. If you answered “**yes**” to the above, please list the date of your admission for permanent residence and go to **Section 5**.
- h. If you answered “**no**” to the above, please briefly explain your current immigration status with the United States Citizenship and Immigration Services (USCIS). _____

- i. Through what date will USCIS allow you to remain in the United States? Please list date or “indefinitely,” as applicable. _____

SECTION 5: IMMIGRATION STATUS – SPONSORSHIP

- a. Do you have a sponsor? Yes No
If you answered “**no**” to the above, please go to **Section 6**.
Note: The income of your sponsor and your sponsor’s spouse will generally be deemed to you for a period of ten years. ([WELFARE AND INSTITUTIONS CODE §18940\(B\)](#)). This could potentially cause you to exceed CAPI income limits and make you ineligible to receive CAPI. However, if your sponsor provides you with little or no support and you are therefore unable to obtain shelter and food, you may be eligible for an indigence exception to the sponsor deeming rule. Please Note: We will not count any housing subsidies or food stamps when determining whether you are unable to obtain shelter and food. To apply for an indigence exception, completion of form SOC 809 (CAPI Indigence Exception Statement) will be required. For help and further explanations, please ask your case worker.
- b. Please list the name, address and telephone number of your sponsor. If you have more than one sponsor, please provide this information for each of your sponsors.

- c. Are any of your sponsors deceased? Yes No
If you answered “**yes**” to the above, please list the name of your deceased sponsor. _____
- d. Are any of your sponsors disabled? Yes No
If you answered “**yes**” to the above, please list the name of your disabled sponsor. _____

- Sponsored?
 Yes No
- Affidavit of Support:
 Form I-134
 Form I-864
- Sponsor Verifications:
 Deceased
 Disabled
- USCIS documentation on file? Yes No
- SOC 809 completed?
 Yes No N/A
- SOC 813 approved?
 Yes No N/A
- If NO, SOC 860 mailed to sponsor(s) and applicant?
 Yes No
- Abuse exception to sponsor deeming (see question #2c)?
 Yes No N/A

SECTION 6: RESIDENCY

- a. Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? Yes No
If you answered “yes” to the above, please go to the end of the application and sign your name.
- b. On what date did you first make your home in the United States?

- c. Have you lived outside of the United States since then? Yes No
If you answered “yes” to the above, please list the dates that you were outside the United States (month/day/year you left and month/day/year you returned). _____
- d. Have you been outside of the United States within the past 30 days? Yes No
If you answered “yes” to the above, please list the date that you left the United States and the date on which you returned. _____

COUNTY USE ONLY

Lawfully admitted permanent resident?
 Yes No

Passport viewed and copy on file?
 Yes No

Month aid begins:

SECTION 7: LIVING ARRANGEMENTS

- a. Check the applicable block to show where you live now:
 - House Nursing Home Apartment
 - Mobile Home Jail Room (private home)
 - Hospital Homeless Shelter Other Institution
 - Residential Care Facility
 - Room (hotel/commercial establishment)
 - Shelter for Battered Women
 - Other (describe): _____
- b. Are you currently receiving In-Home Supportive Services (IHSS)? Yes No
If you answered “no” to the above, do you need assistance in personal care or other domestic related tasks (such as feeding, dressing, bathing, taking medication, moving around, house cleaning, meal preparation, laundry, grocery shopping, etc.), or accompaniment to medical appointments because you are unable to perform these tasks independently?
 - Yes, and I would like the county to help me obtain assistance with personal care/domestic related tasks.
 - Yes, and I am currently receiving the assistance I need from:
 - My spouse
 - A relative, legal guardian or conservator
 - Other (describe) _____
 - No, I do not need assistance with personal care/domestic related tasks.

IHSS referral?
 Yes No

NMOHC?
 Yes No

COUNTY USE ONLY

c. Do you have adequate cooking and food storage facilities available where you live? Yes No

Cooking Facilities?
 Yes No

d. Do you live alone? Yes No

e. If you do not live alone, please provide information about each person who lives with you, including your spouse. Please list the name of each person who lives with you, their relationship to you, their date of birth, and whether the person receives public assistance. "Public assistance" includes BIA, CalWORKs, SSI/SSP, General Assistance/General Relief, VA pension, etc. *If a person who lives with you receives CalFresh/SNAP or CFAP food assistance only, please check "No" for that person.* There is room below for you to enter information about up to five people who live with you. If more than five people live with you, please list five of them below and the rest of them in the Remarks section on page 15.

Person #1's name: _____

Person #1's relationship to you: _____

Person #1's gender and date of birth: _____

Does Person #1 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? Yes No

Person #2's name: _____

Person #2's relationship to you: _____

Person #2's gender and date of birth: _____

Does Person #2 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? Yes No

Person #3's name: _____

Person #3's relationship to you: _____

Person #3's gender and date of birth: _____

Does Person #3 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? Yes No

Person #4's name: _____

Person #4's relationship to you: _____

Person #4's gender and date of birth: _____

Does Person #4 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? Yes No

Person #5's name: _____

Person #5's relationship to you: _____

Person #5's gender and date of birth: _____

Does Person #5 receive public assistance (such as BIA, CalWORKs, CAPI, SSI/SSP, GA/GR, VA Pension)? Yes No

COUNTY USE ONLY

Cash surrender value of Policy #1: _____

Date that Policy #1 was purchased: _____

Are there any loans against Policy #1? Yes No

Name of owner of Policy #2: _____

Name of person insured by Policy #2: _____

Name of insurance company for Policy #2: _____

Policy number for Policy #2: _____

Face value of Policy #2: _____

Cash surrender value of Policy #2: _____

Date that Policy #2 was purchased: _____

Are there any loans against Policy #2? Yes No

- d. Do you (or your spouse, if you are married) own, either alone or jointly with another person, any life estates or ownership interest in an unprobated estate? Yes No

If you answered "yes" to the above question, please provide the owner's name, a description of the item (life estate or unprobated estate), its resale value, and the amount owed on the item.

Name of owner of Item #1: _____

Description of Item #1: _____

Resale value of Item #1: _____

Amount owed on Item #1: _____

Name of owner of Item #2: _____

Description of Item #2: _____

Resale value of Item #2: _____

Amount owed on Item #2: _____

- e. Do you or your spouse own, or do either of your names appear (either alone or jointly) on any of the following items either inside or outside of the United States?

Cash (at home, with you, or anywhere else)

You: Yes No **Your Spouse:** Yes No

Checking Accounts

You: Yes No **Your Spouse:** Yes No

Savings Accounts

You: Yes No **Your Spouse:** Yes No

Credit Union Accounts

You: Yes No **Your Spouse:** Yes No

Certificates of Deposit

You: Yes No **Your Spouse:** Yes No

COUNTY USE ONLY

Notes

You: Yes No

Your Spouse: Yes No

Bonds

You: Yes No

Your Spouse: Yes No

Money Market Accounts

You: Yes No

Your Spouse: Yes No

Stocks

You: Yes No

Your Spouse: Yes No

IRAs

You: Yes No

Your Spouse: Yes No

Other items that can be turned into cash

You: Yes No

Your Spouse: Yes No

f. Provide the following information for any **“yes”** answers above:

Owner’s Name: _____

Name of Item: _____ Value: \$ _____

Name of Bank or Financial Institution: _____

Account Number: _____

Owner’s Name: _____

Name of Item: _____ Value: \$ _____

Name of Bank or Financial Institution: _____

Account Number: _____

Owner’s Name: _____

Name of Item: _____ Value: \$ _____

Name of Bank or Financial Institution: _____

Account Number: _____

Information in Item f verified?

Yes No

\$ _____

\$ _____

\$ _____

\$ _____

Total: \$ _____

g. Do you or your spouse own any land or buildings, or does either of your names appear on the title of ANY property either inside or outside of the United States, other than at the address where you currently live? **You:** Yes No **Your Spouse:** Yes No

If **“yes”** to either, please provide the following information:

Property #1: Type of Property: _____

Location of Property: _____

Value: \$ _____

Property #2: Type of Property: _____

Location of Property: _____

Value: \$ _____

Information in Item g verified?

Yes No

COUNTY USE ONLY

h. Have you or your spouse sold, transferred title, disposed of or given away any money or property, including money or property in foreign countries, within 36 months of this application filing date, and after December 14, 1999? **You:** Yes No **Your Spouse:** Yes No

Property sold for less than market value?

Yes No

If "yes" to either, please provide the following information:

Date and transfer verified?

Description of Property: _____

Yes No

Current Market Value: \$ _____ Date of Transaction: _____

Reason for Transaction: _____

Period of ineligibility

Name, address and telephone number of buyer or person who received property: _____

Beginning Date:

Relationship to applicant: _____

Ending Date:

Sales price or other agreement: _____

i. Do you or your spouse have any money set aside for burial expenses? **You:** Yes No **Your Spouse:** Yes No

Money set aside for burial expenses:

If "yes" to either, please provide the following information:

Exempt?

Owner: _____

Yes No

Description (Type of Asset, Name of Organization): _____

Amount over \$1,500

Value: \$ _____ Date set aside: _____

For whose burial (relationship)? _____

Owner: _____

Description (Type of Asset, Name of Organization): _____

Value: \$ _____ Date set aside: _____

For whose burial (relationship)? _____

j. Do you or your spouse own any cemetery plots, crypts, caskets, vaults or urns? **You:** Yes No **Your Spouse:** Yes No

Burial Asset #1:

Revocable

Irrevocable

Burial Asset #1 Owner: _____

Description: _____

Burial Asset #2:

Value: \$ _____ For whose burial (relationship)? _____

Revocable

Irrevocable

Burial Asset #2 Owner: _____

Description: _____

Value: \$ _____ For whose burial (relationship)? _____

COUNTY USE ONLY

SECTION 9: INCOME

a. Have you or your spouse received, or do you expect to receive income from any of the following sources?

Gifts/Support

You: Yes No **Your Spouse:** Yes No

Social Security

You: Yes No **Your Spouse:** Yes No

Veteran’s Administration

You: Yes No **Your Spouse:** Yes No

Supplemental Security Income (SSI)

You: Yes No **Your Spouse:** Yes No

Unemployment Benefits

You: Yes No **Your Spouse:** Yes No

State Disability

You: Yes No **Your Spouse:** Yes No

Workers’ Compensation

You: Yes No **Your Spouse:** Yes No

Other Pensions/Annuities

You: Yes No **Your Spouse:** Yes No

CalWORKs

You: Yes No **Your Spouse:** Yes No

General Assistance/Relief

You: Yes No **Your Spouse:** Yes No

Rental Income

You: Yes No **Your Spouse:** Yes No

Insurance Payments

You: Yes No **Your Spouse:** Yes No

Interest/Dividends

You: Yes No **Your Spouse:** Yes No

Alimony/Child Support

You: Yes No **Your Spouse:** Yes No

Other Income

You: Yes No **Your Spouse:** Yes No

Section 9a info verified?

Yes No

\$ _____

\$ _____

\$ _____

\$ _____

Total: \$ _____

Wages verified?

Yes No

Paid:

Daily

Weekly

Bi-Weekly

Monthly

Twice Monthly

Fluctuating

Tax return?

Yes No

Year of tax return:

IRWE?

Yes No

For each “yes” answer above, please provide the following information:

Person Receiving: _____ Type: _____

Gross amount: \$ _____ How often received: _____

Person Receiving: _____ Type: _____

Gross amount: \$ _____ How often received: _____

COUNTY USE ONLY

Person Receiving: _____ Type: _____
Gross amount: \$ _____ How often received: _____

Person Receiving: _____ Type: _____
Gross amount: \$ _____ How often received: _____

b. Do you or your spouse receive or do you expect to receive any wages?
You: Yes No **Your Spouse:** Yes No

If “yes” to either, please provide the following information:

Person working: _____
Employer’s name, address and telephone number:

Gross wage amount: \$ _____ How often paid: _____
Dates of employment: _____

Person working: _____
Employer’s name, address and telephone number:

Gross wage amount: \$ _____ How often paid: _____
Dates of employment: _____

c. Have you or your spouse been, or do you or your spouse expect to be self-employed in the current year?
You: Yes No **Your Spouse:** Yes No

If “yes” to either, please provide the following information:

Type of business: _____
Dates of self-employment (from/to): _____

Last year’s gross income: \$ _____

Last year’s net income/loss: \$ _____

This year’s gross income: \$ _____

This year’s net income/loss: \$ _____

Type of business: _____
Dates of self-employment (from/to): _____

Last year’s gross income: \$ _____

Last year’s net income/loss: \$ _____

This year’s gross income: \$ _____

This year’s net income/loss: \$ _____

d. If you or your spouse is under age 65 and disabled, do either of you have any special expenses related to your illness or injury that are necessary for you to work?
You: Yes No **Your Spouse:** Yes No

If “yes”, describe in “Remarks” under **Section 10.**

Wages verified?
 Yes No

Paid:
 Daily
 Weekly
 Bi-Weekly
 Monthly
 Twice Monthly
 Fluctuating

Tax return?
 Yes No

Year of tax return:

IRWE?
 Yes No

e. Are you or your spouse currently receiving CalFresh benefits (Food Stamps)?

You: Yes No

Your Spouse: Yes No

COUNTY USE ONLY

CalFresh referral?

Yes No

SECTION 10: REMARKS

Remarks: (Use this area to add to the information you have provided on the previous pages or to provide other information.)

YOUR AUTHORIZATION AND CERTIFICATION STATEMENT

I give permission to state and county agencies to check the information I have provided on this form and other CAPI forms, including contacting third parties (e.g., my landlord or my head of household), to verify my living arrangement and my household expenses. I understand that these agencies will compare information provided on this form with records from other county, state and federal agencies to make sure that the correct amount of benefits is paid.

I have read (or someone has read to me) and understand my responsibilities, including my responsibility to report to the county any change in the information I have provided within ten days after the change occurs. I understand that I may incur a penalty if I fail to report any change in my circumstances within ten days.

I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that can be punished under state law.

I certify under penalty of perjury that the statements provided on this form are the truth as I know it.

YOUR SIGNATURE/YOUR AUTHORIZED REPRESENTATIVE’S SIGNATURE:

_____ DATE: _____

FIRST WITNESS, IF MARKED WITH AN “X”: _____

SECOND WITNESS, IF MARKED WITH AN “X”: _____

Signature of interpreter or person completing form on your behalf:

_____ Relationship to applicant: _____

Telephone number: _____ DATE: _____

Important Information – Please Read Carefully**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 a penalty.

CHANGES TO REPORT**Where You Live:**

- If you move.
- If you leave the United States for 30 days or more.
- If you are no longer a legal resident of the United States.
- If you are released from a hospital, nursing home, etc.
- If 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:

- If someone moves into or out of your household.
- The birth or death of any people with whom you live.
- If the amount of money you pay toward household expenses changes.
- If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.

Income:

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

Help You Get from Others:

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

Things of Value that You Own:

- If the value of your total resources goes over \$2,000 (\$3,000 if you are married and live with your spouse).
- If you sell or give away any things of value.
- If you buy or are given anything of value.

CHANGES TO REPORT (continued)

You are Blind or Disabled:

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

Unmarried and Under Age 22:

- If you are the parent of a child who receives CAPI benefits, you are to report if 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 OR YOU BECOME A CITIZEN OF THE UNITED STATES.

I understand my reporting responsibilities and agree to cooperate.

YOUR SIGNATURE/YOUR AUTHORIZED REPRESENTATIVE'S SIGNATURE:

_____ DATE: _____

FIRST WITNESS, IF MARKED WITH AN "X": _____

SECOND WITNESS, IF MARKED WITH AN "X": _____

KEEP FOR YOUR RECORDS
Important Information – Please Read Carefully

REPORTING RESPONSIBILITIES

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- If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.

Income:

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- If you start to receive money (or checks or any other type of payment).
- If you start or stop work.
- If your earnings go up or down.

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YOUR UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.