Questions 1 & 2
Answer Yes or No
If the answer to either of these questions is YES, provide all information in the area provided

Question 3
If you moved, provide all information in the spaces provided

Question 4
Answer only if you are receiving CalWORKs (Cash Aid)

Question 5
If anyone who is 60+ years old or disabled and getting CalFresh had an increase in medical costs, provide all information in the area provided and attach proof
**Question 6**

**Answer Yes or No**

If the answer is **YES**, provide all information in the area provided and attach proof.

**Question 7**

If anyone who is getting CalFresh had an increase in dependent care costs, provide all information in the area provided and attach proof.

**Question 8**

**Answer Yes or No**

If the answer is **YES**, provide all information in the area provided and attach proof.

**Question 9**

**Answer Yes or No**

If the answer is **YES**, provide the income information in the area provided and attach proof of the income received.

**10, 11, and 12**

**Answer Yes or No**

If the answer is **YES**, provide all information in the area provided and attach proof.

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**Question 6**

**Answer Yes or No**

If the answer is **YES**, provide all information in the area provided and attach proof.

**Question 7**

If anyone who is getting CalFresh had an increase in dependent care costs, provide all information in the area provided and attach proof.

**Question 8**

**Answer Yes or No**

If the answer is **YES**, provide all information in the area provided and attach proof.

**Question 9**

**Answer Yes or No**

If the answer is **YES**, provide the income information in the area provided and attach proof of the income received.

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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 how 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.

11. **Did anyone get money from any other source in the Report Month?**  
   - **Yes**  
   - **No**  
   If **YES**, complete the section below and attach proof. 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.

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**SAR 7 (12/14) ELIGIBILITY STATUS REPORT - FOR CASH AND CALFRESH REQUIRED FORM - SUBSTITUTES PERMITTED**

Page 2 of 3
Question 13
Answer Yes or No

Answer this question only if you are receiving CalWORKs (Cash Aid). Report any changes that happened in your home since you last reported.

Signature

By signing this form you are attesting, under penalty of perjury, that all answers are correct and complete to the best of your knowledge.

The SAR 7 must be signed on or after the 1st day of the submit month shown on the top of page 1.

SIGN and DATE the SAR 7 Report form correctly to avoid losing your CalWORKs and CalFresh benefits.