

The Eligibility/Status Report (QR 7)

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Questions and Answers About the QR 7

What is the Quarterly Eligibility/Status Report (QR 7)?

The Quarterly Eligibility/Status Report QR 7, also known as the QR 7 is a form all recipients of CalWORKs (cash aid) and some food stamp households must complete, sign and send to the County, along with verifications, every quarter in order to maintain eligibility to CalWORKs and/or Food Stamps.

What information must be reported on the QR 7?

You must report and send verification/proof of earnings and/or monies received in the [Report Month](#) on:

- All related persons living with you if receiving CalWORKs; and
- All the persons buying and preparing food with you if receiving food stamp benefits;

You must also report:

- What has happened since you sent the previous QR 7;
- A change in address, if you have moved, and changes in housing costs; and
- Information you expect will change in the next three months (e.g., you will change jobs, get married, etc.).

What is the Report Month? What is the Submit Month?

- The **Report Month** is the month prior to the month the QR 7 is due; the month for which you must report all information necessary to determine continuing eligibility for aid.
- The QR 7 is due in the **Submit Month**. The **Submit Month** is the month you must send the QR 7 to the County.

Example: If you must submit the QR 7 in May, you will be reporting what has happened during the month of April; April is the **Report Month** and May is the **Submit Month**.

For detailed information, refer to: [How to Complete the QR 7 Report](#).

How often do I have to send the QR 7?

The QR 7 report must be sent every three months (every quarter) starting the third month after you applied for CalWORKs and/or Food Stamps.

See: [The QR 7 Timeline Table](#)

When am I supposed to send the QR 7?

The QR 7 is due to the County on the 5th of the month and will be considered late if received after the 11th of the month. **Your benefits may be stopped or delayed if the QR 7 is late, or incomplete, or the signature is missing.**

I just applied for aid, when do I have to send the first QR 7?

You must send the first QR 7 in the third month after the month of application.

Example: If you apply in January, you must send the first QR 7 in March; February is your [Report Month](#) and March is your [Submit Month](#). The next QR 7 is due in June, then September, etc.

For additional examples, click: [The QR 7 Timeline Table](#)

How can I replace or get another QR 7?

The County mails a pre-printed QR 7 approximately three days before the end of the [Report Month](#). You must send the completed QR 7 along with verifications the following month in the [Submit Month](#) by the 5th. The QR 7 must be received no later than the 11th of the month. The QR 7 must be signed and dated in the [Submit Month](#).

Example: You will receive the pre-printed May QR 7 around May 28th, the [Report Month](#). You must sign and date the report in June, the [Submit Month](#), and send to the County by June 5th, but no later than June 11th.

- For tracking purposes, it's preferable you send the pre-printed QR 7. However, if you did not get a QR 7, or if you want the County to send you a replacement QR 7, call the ACCESS Self-Service line **Monday through Friday between 8: 00 a.m. – 5:00 p.m. at 1 (866) 262-9881** and request a QR 7. Blank QR 7s are also available at all Family Resource Centers and online at the [County of San Diego ACCESS website](#).
- For additional information on when your QR 7 is due, click: [The QR 7 Report Timeline Table](#)

Am I required to report anything between QR 7 Submit Months?

- **If you are receiving food stamp benefits only**, you are mandated to report, in between QR 7s (mid-quarter), the following:
 - Your new address and new housing costs if you move to a different house or apartment; and
 - If you are an Able Bodied Adult without Dependents (ABAWD), anytime the number of hours you work or are in training drop to less than 20 hours a week or 80 hours per month.
- **If you are receiving CalWORKs benefits**, you are mandated to report in between QR 7s (mid-quarter), the following:
 - Your new address if you move to a different house or apartment; and
 - If you have not already informed the County, report anyone in your household who:
 - Has been convicted of a drug-related felony for possession, use or distribution of a controlled substance, or
 - Has become a fleeing felon or is in violation of a condition of probation or parole; and
 - Anytime your family's combined gross monthly income, both earned and unearned, is more than the Income Reporting Threshold (IRT) for your family size (see the chart below). You must report this information to the County within 10 calendar days.

If your family size is:	You must report if the total income is more than:
1	\$1,174
2	\$1,579
3	\$1,984
4	\$2,389
5	\$2,794
6	\$3,200
7	\$3,605

**To report changes, call the
[ACCESS Customer Service](#)
Center toll free:
1 (866) 262-9881**

- You may also report changes to the County anytime you think the change will **increase** your cash aid or food stamp benefits. For example:
 - Your income stops or goes down.
 - Someone who has income has moved out of your home.
 - Someone moves into your home and has no income.
 - Your minor child becomes pregnant and is receiving Cal-Learn services/benefits.
 - CalWORKs (cash aid) special needs that you or someone in your household may have such as, pregnancy special needs, a special diet prescribed by a doctor, etc.
 - The birth of a child.
 - For food stamps: anyone in your household who is disabled or age 60 or older may report new medical costs.

- You can also report mandatory or voluntary changes to the County using the following forms:
 - [The QR 3, Mid-Quarter Status Report form to report CalWORKs or Food Stamps mid-quarter changes.](#)
 - [The QR 377.5, Food Stamp Mid-Quarter Status Report form to report Food Stamp mid-quarter changes.](#)

How to Complete the QR 7

Page 1: Top section of the QR 7

This is the **Submit Month**: The month you are required to submit or send the QR 7. In this example, May is the **Submit Month**. Remember the QR 7 must be signed in this month.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
ELIGIBILITY/STATUS REPORT

WORK PAYS
BY MANY WAYS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

PLEASE SIGN THE FORM AFTER THE 1ST OF 05/2010 AND RETURN IT BY THE 5TH OF THE MONTH.
SUBMIT MONTH

1B05612

NEED HELP? CALL YOUR WORKER.
Worker Name: [REDACTED]
Worker Phone: (619) [REDACTED]
SAN DIEGO
1700 Pacific HWY, RM 106
San Diego CA 92101-2417

BAR CODE: [BARCODE]

Please Stop My Benefits For: Cash Aid Food Stamps Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in 04/2010
REPORT MONTH/YEAR

1 Did you or anyone get any income or money from any source this MONTH? If YES list

Complete this section only if you want the County to close your Cash Aid, Food Stamps, and/or Medi-Cal case.

This is the **Report Month**: The month for which you must report income, expenses and what has changed in your household.

In this example, April is the **Report Month**. Therefore, you must report what has happened in April and provide proof or verifications for April.

REMINDER:

- The QR 7 is due by the 5th of the month.
- It is late if the County receives the report after the 11th of the month.
- If the report is late or incomplete, your benefits may be stopped or delayed.
 - The County will collect an overpayment when the QR 7 is completed late and reported changes result in a decrease in benefits.

Page 1: Questions 1, 1a and 1b

Write down all payments received in the **Report Month** by everyone in your household, and the date received. Remember to enter the gross amount. The gross amount is the amount listed before deductions.

Remember to attach proof.

- Answer “**Yes**” if someone in your household had income in the **Report Month**.
- Answer “**No**” only if no one in your household received any income.

PART 1: Please tell us what happened in 04/2010
REPORT MONTH/YEAR

1. Did you or anyone get any income or money from any source this MONTH? If ‘YES’, list below and ATTACH PROOF.

YES NO

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. **Any Government Benefits:** State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment, veteran’s retirement, Worker’s Compensation (UIB), etc. **Other Benefits:** Child/spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. **Other:** Cash, gifts, loans, scholarships, etc. **Income In-Kind:** Such as earned housing, free housing/utilities/clothing/food, etc.

Who got the income? <i>John Smith</i>	From? <i>Pizza Grant</i>	Gross amount	\$ <i>200.00</i>	\$ <i>150.00</i>	\$ <i>182.00</i>	\$ <i>190.00</i>	\$
		Date received	<i>April 5</i>	<i>April 12</i>	<i>April 19</i>	<i>April 26</i>	
Who got the income? <i>Mary Smith</i>	From? <i>Al’s Pharmacy</i>	Gross amount	\$ <i>300.00</i>	\$ <i>320.00</i>	\$	\$	\$
		Date received	<i>April 9</i>	<i>April 23</i>			
Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					

In this section, enter the name of the person who worked or received training, the name of the person, company or agency that provided the income or training and the total hours the person worked or trained.

1a. Number of hours worked or in training in this MONTH:

Who worked? <i>John Smith</i>	Where? <i>Pizza Grant</i>	Total Hours <i>80 hours</i>	Who worked? <i>Mary Smith</i>	Where? <i>Al’s Pharmacy</i>	Total Hours <i>78 hours</i>
Who trained?	Where?	Total Hours	Who trained?	Where?	Total Hours

Complete this section only if you expect your income will change in the next quarter. Example: You will change jobs, your work hours will increase or decrease, or you will receive a pay raise, etc.

1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and ATTACH PROOF.

Name of Person	Source of income or money	Why will it change?	How much will you get?		
			First Month	Second Month	Third Month
			\$	\$	\$
			\$	\$	\$

Page 2: Questions 2 through 8

Answer questions 2, 3, 4, or 5 if you have had the following expenses in the **Report Month**:

- Question 2: Enter the **medical expenses** of a disabled or elderly (over 60 years old) household member.
- Question 3: Write down if you have paid a babysitter to take care of a child, or you paid someone to take care of a disabled person in your household.
- Question 4: Enter if **you pay child support** to someone by order of the court.
- Question 5: Complete this part if the costs entered in questions 2, 3 or 4 will change in the next three months.

Remember to attach proof.

Questions 2, 3, 4, and 5 may help you get more Food Stamps					
2. Medical Costs: Did anyone who gets Food Stamps and is disabled or 60 years or older pay medical costs? If 'YES', list the amount paid below and ATTACH PROOF of payment.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Who paid?	Who gets care?			Amount \$	
3. Dependent Care: Did anyone who gets Food Stamps pay for the care of a child, disabled person or other dependent while working, seeking work, or attending school or training? If 'YES', list the amount paid below and ATTACH PROOF of payment.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Who paid? <i>John Smith</i>	Who gets care? <i>John Smith Jr.</i>			Amount <i>\$100/week</i>	
4. Child Support: Did anyone who gets Food Stamps pay <u>court-ordered</u> child support? If 'YES', list the amount paid below and ATTACH PROOF of payment.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Who paid?	Amount \$	Who paid?	Amount \$		
5. If the information in Question 2, 3, or 4 will change in the next three months after the SUBMIT MONTH, check the box(es) below, please explain and ATTACH PROOF.					
Medical Costs <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Dependent Care <input type="checkbox"/>	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Court-Ordered Child Support <input type="checkbox"/>	Who pays?	Amount \$	For whom?	Attach new court order	When will it change?

Remember to answer YES or NO to ALL questions

Complete Part 2 of the QR 7 if something has happened or has changed the last three months.

Remember to attach proof.

PART 2: What Has Happened SINCE Your Last Report?					
6. Did anyone get, buy, sell, trade, or give away any property [land, home, cars, bank accounts, money payments (such as: lottery or casino winnings, retroactive social security, tax refunds), other]? If 'YES', list all items below and ATTACH PROOF.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Who owns, sold, traded, or gave away? <i>John Smith</i>	Type of Property <i>Car</i>	When? <i>April 4</i>	Value <i>\$ 500</i>	<input type="checkbox"/> Bought <input type="checkbox"/> Gift Received	<input checked="" type="checkbox"/> Sold <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Gave Away
Checking Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed	Balance \$	Savings Account <input type="checkbox"/> Opened <input type="checkbox"/> Closed	Balance \$		
7. Has anyone moved into or out of your home, or did you move in with someone else? If 'YES', complete below.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full name of person <i>Andy More</i>	Relationship to you <i>Nephew</i>	Moved in or out? <i>moved out</i>	When? <i>April 25</i>		
8. Has anyone in your family been convicted of a drug related felony for possession, use, or distribution; avoiding or running from any felony prosecution, custody, or confinement; or in violation of probation or parole?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If 'YES', name:	Where convicted?	Date of conviction:			

Remember to answer YES or NO to ALL questions

Page 3: Question 9

Complete question 9 if you have had other changes in the last three months and explain.

Remember to attach proof.

NOTE: If you have not moved, but your housing costs have changed, report in question 9 as "other."

9. Have any of the following or any other changes happened to anyone in your home? YES NO
 If 'YES', check the box(es) below and ATTACH PROOF.

- Family Change** (Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?)
- Disability** (Became disabled or recovered from a disability or major illness?)
- Work** (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- Immigration** (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance** (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody** (Any change in the amount of time you care for/have custody of your children?)
- In-Home Supportive Services** (Started or stopped getting services?)
- School Attendance**

- For Cash Aid Only - Student age 6 - 18 stopped or started attending school regularly?
- Age 16 or older student started school/college? (You may be able to claim costs for books, school transportation, etc.)

Other ***We will pay \$600 per month rent starting in 6/1/2010***

If you checked 'YES' for any of these, please fill out below. Attach on a separate sheet of paper if needed:

Name of person(s)	Relationship to you	What happened?	When
<i>John Smith</i>	<i>husband</i>	<i>got married</i>	<i>4/10/2010</i>

Page 3: The Signature Page

Complete the Address Change section **only** if you have moved. Report how much rent you are paying at the new address, and if you are paying utilities for heating or cooling separate from your housing expense.

Remember you must report a change of address no later than 10 calendar days after the move. You don't have to wait for the QR 7 to inform the County of the address change; **Call ACCESS at 1(866) 262-9881.**

NOTE: If you have not moved, but your housing costs have changed, report this information in question 9 as "other." See example in page 7.



ADDRESS CHANGE		Fill in this section ONLY if you have moved or have a new mailing address. If you are getting Food Stamps, you may be asked to provide proof of your new shelter costs.			
NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt No		City	State	Zip Code	New Phone ()
Date Moved	NEW Mailing Address (If different from Home Address)		City	State	Zip Code
Do you have housing costs at this new address? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much? \$ _____		Do you have to pay heating/cooling costs separate from your housing cost? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much? \$ _____			

CERTIFICATION - FRAUD WARNING

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 legally prosecuted. I may also be charged with committing a felony if more than \$400 in Cash Aid, and/or Food Stamps is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and Food Stamps.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR OR IT WILL BE CONSIDERED INCOMPLETE. 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, domestic partner, and the other parent (of cash-aided children) if living in the home. For Food Stamps: the head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK 	DATE SIGNED 5/2/10	HOME PHONE (619) 111-3452	CONTACT/CELL PHONE ()
SIGNATURE OF SPOUSE, DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM 	DATE SIGNED



Remember to date and send the QR 7 Report in the **Submit Month**; not the month you receive the QR 7 in the mail. If you sign and date the QR 7 incorrectly, your benefits may be delayed.

In this example, the **Report Month** is April 2010 and the **Submit Month** is May 2010. Therefore, the correct signature month is May 2010.

Note: This example is a food stamp case and only Mary Smith has to sign the QR 7 under the penalty of perjury.

For cash aid cases (CalWORKs) both spouses or domestic partners, if living together, must sign the QR 7 under penalty of perjury.

The QR 7 Timeline Table

If you applied in:	You will report what has happened since your last QR 7 and the income you had in the REPORT MONTH:	And must sign and send the QR7 along with verifications between the 1 st and the 5 th in the SUBMIT MONTH:
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January	February	March
	May	June
	August	September
	November	December <i>(this is your renewal or recertification month)</i>

February	March	April
	June	July
	September	October
	December	January <i>(this is your renewal or recertification month)</i>

March	April	May
	July	August
	October	November
	January	February <i>(this is your renewal or recertification month)</i>

April	May	June
	August	September
	November	October
	February	March <i>(this is your renewal or recertification month)</i>

May	June	July
	September	October
	December	January
	March	April <i>(this is your renewal or recertification month)</i>

June	July	August
	October	November
	January	February
	April	May <i>(this is your renewal or recertification month)</i>

Continue next page for July-December

REMEMBER

If the County receives the QR 7 late, after the 11th of the month, your benefits could be delayed.

The QR 7 Timeline Table (cont.)

If you applied in:	You will report what has happened since your last QR 7 and the income you had in the REPORT MONTH:	And must sign and send the QR7 along with verifications between the 1 st and the 5 th in the SUBMIT MONTH:
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July	August	September
	November	December
	February	March
	May	June <i>(this is your renewal or recertification month)</i>

August	September	October
	December	January
	March	April
	June	July <i>(this is your renewal or recertification month)</i>

September	October	November
	January	February
	April	May
	July	August <i>(this is your renewal or recertification month)</i>

October	November	December
	February	March
	May	June
	August	September <i>(this is your renewal or recertification month)</i>

November	December	January
	March	April
	June	July
	September	October <i>(this is your renewal or recertification month)</i>

December	January	February
	April	May
	July	August
	October	November <i>(this is your renewal or recertification month)</i>

REMEMBER

If the County receives the QR 7 late, after the 11th of the month, your benefits could be delayed.

The County is an equal opportunity provider. In accordance with Federal law and U.S. Department of Agriculture policy, the County is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, disability, marital status, ethnic group identification, sexual orientation, domestic partnership, or political beliefs.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

http://www.ascr.usda.gov/complaint_filing_program.html