

**GENERAL ASSISTANCE (GA)
QUARTERLY STATUS REPORT**

PLEASE SIGN THE FORM AFTER THE 1ST OF THE _____
AND RETURN BY THE 11TH OF THE MONTH. (submit month)
REPORT QUARTER IS THE 3 MONTHS BEFORE THE SUBMIT
MONTH.

Name: _____
Address: _____

NEED HELP? CALL YOUR WORKER.
Worker Phone: _____
Worker Name: _____
Case#: _____

Check this box if you want your GA GRANT DISCONTINUED. Effective date of discontinuance: _____.

Check this box if reporting a change a CHANGE OF ADDRESS:

New Address: _____

Report what occurred in any of the three (3) months of the Quarter. The submit month is listed at the top of the page. The Mandatory Changes you need to report, and required verifications, are listed on the back of this form. →

1. ADDRESS AND HOUSEHOLD COMPOSITION CHANGE →
Has anyone moved into or out of your home, or did you move in with someone else change your address, rent or utilities change or became homeless since you last reported? Yes No

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Relationship To You	Homeless
<input type="checkbox"/> In <input type="checkbox"/> Out __/__/__	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In <input type="checkbox"/> Out __/__/__	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. EARNED INCOME or UNEARNED INCOME and DISABILITY BASED INCOME CHANGE → Yes No
Did you, or your spouse, receive income from any source, either a job, training program or any government agency?

Person who Received Income	Name:	Name:	Name:
Source of Income	<input type="checkbox"/> Work <input type="checkbox"/> Government <input type="checkbox"/> Disability <input type="checkbox"/> Other _____	<input type="checkbox"/> Work <input type="checkbox"/> Government <input type="checkbox"/> Disability <input type="checkbox"/> Other _____	<input type="checkbox"/> Work <input type="checkbox"/> Government <input type="checkbox"/> Disability <input type="checkbox"/> Other _____
How Often paid or receiving Benefit	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Monthly Gross Amount	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____

3. PROPERTY CHANGE
Did you, or your spouse, buy, sell or receive any property, including a vehicle?
Did you or your spouse open or close any type of bank account or trust fund?

Who did? _____	Report property here: _____	Report actual/estimated value here: _____
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4. DISABILITY CHANGE →
Did you become disabled, or are no longer disabled, or do you need a special diet? Yes No

Explain changes here: _____

5. MARITAL STATUS / PREGNANCY CHANGE →
Did you get married, separated, or divorced or get pregnant, or terminate the pregnancy? Yes No

Explain changes here: _____

6. LEGAL AND IMMIGRATION STATUS CHANGE →
Did your legal status change, or are you in violation of parole or probation conditions? Yes No

Explain changes here: _____

**GENERAL ASSISTANCE (GA)
MID-QUARTER CHANGE REPORT**

MANDATORY CHANGES THAT YOU NEED TO REPORT If you do not have verification, you still must report the change	VERIFICATIONS YOU NEED TO PROVIDE
1. Address and Household Composition: Changes of address, becoming homeless, finding new housing, residing in a treatment facility, moving out of the county, or being incarcerated. Report changes in the number of people living in the home, if anyone moves in or moves out of the home. Report rent or utilities changes.	Verification: rental agreement, or rent receipts, or utility bills in your name.
2. Earned Income: All gross income received by you or your spouse. This includes wages, tips, vacation pay, cash bonuses, money from self-employment or from a training or rehabilitation program, retirement pensions, commissions, etc. Report if started or stopped working, or went out on strike, or any work done in exchange for rent, personal needs, food or transportation. Report if started or stopped receiving cash from any source, or any changes in the amount received. Report received lump sums, grants, interests, cash advances, etc.	Verification: Pay stubs; employer statement or computer print-out of income received, strike pay, student earnings; pension, loan or grant award letter; IRS return; statement of contribution from any person or agency, etc.
3. Unearned or Disability Based Income: All other income received by you or your spouse. This includes child / spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds, trust fund income; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Unemployment, Worker's Compensation, State Disability benefits, Survivor's benefits, Veterans benefits or pension, Railroad retirement, Vocational Rehabilitation payments, or other private or government disability or retirement. Rental income and rental assistance; free rent, personal needs, food or transportation.	Verification: Pension award letter, copy of the benefit check, correspondence from source of income verifying the amount
4. Property: Report if you or your spouse acquired, sold, donated, gave away, received as a gift, borrowed or inherited, any property, or a house, car, insurance, stocks, bonds, etc., or if a bank account is opened by you or your spouse, as well as any deposit in a bank account; or a life insurance policy, or any vehicles.	Verification: Receipts of purchase or sale, statement from donors, correspondence verifying the amount of the property received, bank accounts statements, etc.
5. Disability: Report changes in your disability condition, or special diet needs. Report if you are no longer disabled or become disabled, or if the doctor recommended a special diet for health reasons.	Verification: Medical report or statement if you have one.
6. Marital Status: Report if you got married, divorced or separated. Pregnancy: report if you, or your spouse, get pregnant, or if the pregnancy terminated.	Verification: Marriage, divorce or other appropriate legal documents Verification: Medical verification with expected due date.
7. Legal and Immigration Status: Report if you are convicted of a drug related felony for possession, use or distribution of a controlled substance, become a fleeing felon, or if you are in violation of a condition of probation or parole. Report changes in you immigration status, such as becoming a US citizen, or losing legal immigration status.	Verification: Appropriate legal documents.
Grant discontinuance: Report if you requested that your GA grant be discontinued.	

CERTIFICATION – FRAUD WARNING

- I understand that I must contact my worker within five (5) calendar days of any change that may affect my eligibility, or the amount of my GA grant.
- If I have any doubt about needing to report any changes, I must contact my GA worker.
- Facts that I report may result in benefits going up, down, or being stopped.
- If, on purpose, I give wrong or incomplete facts, I can be legally prosecuted with penalties of a fine, imprisonment, or both.
- If, on purpose, I give wrong or incomplete facts, I can be discontinued and disqualified for GA for six (6) months.
- I have the right to ask for an evidentiary hearing on any proposed action by the Employment and Human Services Department.

I declare under Penalty of Perjury under the laws of the United States and the State of California, that the information contained in this report is true and correct, and is complete for the entire report period.		
WHO MUST SIGN? You and your Spouse or Registered Domestic Partner, who live in the home.		
Signature: _____ _____	Phone #: _____ _____	Date signed: _____ _____
Spouse/Registered Domestic Partner Signature: _____ _____	Phone #: _____ _____	Date signed: _____ _____