SAR 7 ELIGIBILITY STATUS REPORT TO KEEPYOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER SUMMINGTON: If you have any questions or need help filling out this form, please call your case manager. If you do not have your case manager scontact information, please call (805) 781-1600 for assistance. Check the box if you would like to STOP getting any of the following: The standard of the sum of th	Changes that happened during this month & year					
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Phone Trash Water Electric/Gas her her higher or cooling costs 4. Cal/WORKs only: Is anyone in your home: A. Running from an outstanding warrant? B. Found by a court to be in violation of probation or yes No (If yes, complete the section below) are of person A or B from above or did violation happen? 5. Medical Costs: In anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please con who had a new of person Answer question #4 only if you are receiving cash aid reported: Answer question #4 only if you are receiving cash aid reported: Who had was the amount paid in the Report Month? \$ works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last report what was the amount paid out-of-pocket in the Report More What was the amount paid out-of-pocket in the Report More What was the amount paid out-of-pocket in the Report More What was the amount paid out-of-pocket in the Report More What was the amount paid out-of-pocket in the Report More What was the amount paid out-of-pocket in the Report More What was the amount paid out-of-pocket in the Report More Provided the province of the p						
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Who paid: List (endent(s):						
 Did anyone: Get, buy, sell, trade or give away any property, tame, nomes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported? 						
Yes No (If yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper).						
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