

Worker Name			Worker Phone Number		Worker Caseload Number	
District	Date	Type of Aid GA ☐ I.C.W.A. ☐ Other ☐ C.A.P.I. ☐ SO ☐ _____			Case Number	
Legal Surname		Marital Status Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐				
First and Middle Name		Birth Date	Birth Place	Social Security Number		
Man						
Woman		Birth Date	Birth Place	Social Security Number		
Woman's Maiden Name		Telephone Number				
Address			City			
Mailing Address if Different From Above			Telephone Number			
Dependent Child in Home	Birth Date	Birth Place	SSN	Father/Mother (If different)		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Registrar Use/Clearing Information						
Previous Marriages and/or AKA's						
Name		Date	Name		Date	
1.						
2.						



KERN COUNTY DEPARTMENT OF
Human Services
Opportunity. Options. Empowerment.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

(Check One)

- ☐ Already registered. I am registered to vote at my current residence address.
- ☐ Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- ☐ No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name

Date

Important Notices

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filing out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to vote, your right to privacy in deciding whether to register or in applying to register to vote or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 – 11th Street, Sacramento, CA, 95814. For more information on elections and voting, Please visit the Secretary of State's website at www.sos.ca.gov.

WORK AND TRAINING HISTORY

ADULT NO. 1 _____

Have you worked, quit, or refunded a job or training in the last 30 days? ☐ Yes ☐ No if yes:

Employer	Last Day of Job/Training Mo. Day Year	Amount of Last Pay
Hours of Work/Training in the Last 30 Days	Reason for Leaving or Refusal	

Are you actively seeking work? ☐ Yes ☐ No

Have you received UIB (Unemployment Insurance Benefits) in the last 12 months? ☐ Yes ☐ No

List your work training history for the last 5 years. Beginning with current or most recent job or training.

Employer Name	Employer Address	Position Title	Begin Date End Date	Rate per Hour	Hours per Week	Reason for Leaving
1)			From: To:			
2)			From: To:			
3)			From: To:			
4)			From: To:			
5)			From: To:			
6)			From: To:			

WORK AND TRAINING HISTORY

ADULT NO. 2 _____

Have you worked, quit, or refunded a job or training in the last 30 days? ☐ Yes ☐ No if yes:

Employer	Last Day of Job/Training Mo. Day Year	Amount of Last Pay
Hours of Work/Training in the Last 30 Days	Reason for Leaving or Refusal	

Are you actively seeking work? ☐ Yes ☐ No

Have you received UIB (Unemployment Insurance Benefits) in the last 12 months? ☐ Yes ☐ No

List your work training history for the last 5 years. Beginning with current or most recent job or training.

Employer Name	Employer Address	Position Title	Begin Date End Date	Rate per Hour	Hours per Week	Reason for Leaving
1)			From: To:			
2)			From: To:			
3)			From: To:			
4)			From: To:			
5)			From: To:			
6)			From: To:			

GENERAL ASSISTANCE STATEMENT OF FACTS

Fill in the answers to all questions print all answers in ink. Give any proof (such as bills, receipts, check stubs, etc.) to support your answers.

				County Use Only	
1	Applicant (Full Name)		Home/Message Phone	Case Name	
	Spouse/Domestic Partner (Full Name)				
2	Home Address		Mailing address		Case Number
	City/ Zip Code		City/ Zip Code		Technician Date Rec'd
3	SSN - -	Spouse/Domestic Partner (SSN) - -		Case Comments and Verifications	
	Birth date / /	Spouse/Domestic Partner (Birth date) / /			
	Birth Place	Spouse/Domestic Partner (Birth Place)			
2	Are you, your spouse, or your domestic partner able to work? You ☐ Yes ☐ No Your Spouse/Domestic Partner ☐ Yes ☐ No If No for either person, give a reason ☐ Never married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated				☐ B/C ☐ ID ☐ SSN ☐ INS DOC # ☐ KCDHS 111 ISSUED _____ ☐ KCDHS 110 SENT _____ ☐ KCDHS 142 ☐ FR 30 ☐ CW 22
3	☐ U.S. Citizen ☐ Parolee ☐ Lawful Permanent Resident ☐ Sponsored				☐ INITIAL ☐ RENEWAL
4	Are you, your spouse, or your domestic partner currently under doctor's care? You ☐ Yes ☐ No Your Spouse/Domestic Partner ☐ Yes ☐ No Doctors name/address: _____				☐ EMPLOYABLE ☐ DISABLED
5	Are you, your spouse, or domestic partner currently applying for or receiving? CalFresh ☐ Yes ☐ No Medi-Cal? ☐ Yes ☐ No If yes, where? _____ Cal-WORKs? ☐ Yes ☐ No				PRIOR SUPPORT _____ _____ _____ _____
6	Have you, your spouse, or domestic partner ever used any other name (maiden, adoptive, alias, etc.) ☐ Yes ☐ No If yes, please list below: _____ _____ _____				☐ 15 DAY RESIDENCY DATE ESTABLISHED _____ ☐ OTHER COUNTY(S) RESPONSIBLE FOR GA COSTS _____
7	Do you, your spouse/domestic partner live in Kern County? ☐ Yes How Long? _____ ☐ No Where did you, your spouse/domestic partner live prior to moving to Kern County? ☐ You, County _____ How Long _____ ☐ Your Spouse/Domestic Partner County _____ How long _____ If you lived in more than two counties, list which person, what county, and how long below: _____				☐ VERIFICATION ON FILE ☐ VERIFIED SANCTION ENDS
8	Do you, your spouse/domestic partner plan to stay in Kern County? ☐ Yes ☐ No If "No", explain: _____				
9	Do you, your spouse, or domestic partner own or are you buying a home or other property? ☐ Yes ☐ No If "Yes", complete below: Address/Location _____ Owner _____				
10	Has yours, your spouse's or domestic partner's General Assistance or CalWORKs benefits been stopped due to sanction, non-cooperation or any other reason? ☐ Yes ☐ No If "Yes", explain below: _____				
11	Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? ☐ Yes ☐ No If "Yes", who: _____				

12	Do you live in any of the following: ☐ Yes ☐ No If "Yes", complete below: ☐ shelter, center ☐ drug or alcohol rehabilitation center ☐ group living arrangement/home ☐ hospital or nursing home ☐ subsidized housing ☐ board and care home ☐ homeless	Case Comments and Verifications GA ELIGIBLE SANCTION ENDS ☐ YES ☐ NO																																																						
	Name of facility Date entered Name of program																																																							
13	What is the highest grade you, your spouse/domestic partner completed in school? You _____ GED ☐ Yes ☐ No Degree: ☐ Yes Type: _____ ☐ No Your spouse/domestic partner? _____ GED ☐ Yes ☐ No Degree? ☐ Yes Type: _____ ☐ No																																																							
14	Is anyone enrolled in any of the following: ☐ Yes If "Yes", complete below: ☐ No ☐ Training program ☐ School ☐ Vocational Rehabilitation program ☐ College Name of School, college or training program	☐ VERIFIED																																																						
15	Have you, your spouse, or domestic partner ever been in the U.S. Military Service"? ☐ Yes ☐ No If "Yes", branch of service	☐ CA 5 ON FILE ☐ VERIFICATION ON FILE																																																						
16	Are you, your spouse or domestic partner working now or expect to be working in the next 60 days? ☐ Yes ☐ No If "Yes", explain below: Name Employer Name Occupation Days/hours worked per month Pay Dates Wages (gross)																																																							
17	Have you, your spouse, or domestic partner stopped or refused work or training within the last 30 days? ☐ Yes ☐ No If "Yes", complete below: Employer name/address/phone number Last day worked: Last paycheck received: Expect check (date): Reason for leaving:	☐ GOOD CAUSE ☐ SANCTIONED FROM _____ TO _____ ☐ VOLUNTARY QUIT																																																						
18	Are you, your spouse, or your domestic partner on strike? ☐ Yes ☐ No Date went on strike?	APPLICATION FOR UNCONDITIONALLY AVAILABLE INCOME:																																																						
19	Have you, your spouse, or domestic partner applied for/are receiving money from any source? Check Yes or No for each source. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Unemployment Insurance</td> <td>☐</td> <td>☐</td> <td>State Disability Insurance</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Social Security Benefits</td> <td>☐</td> <td>☐</td> <td>Veterans Administration</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>SSI/SSP</td> <td>☐</td> <td>☐</td> <td>Workers Compensation</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>School Grants/Loans</td> <td>☐</td> <td>☐</td> <td>Railroad Retirement</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Training Benefits</td> <td>☐</td> <td>☐</td> <td>Pensions or Disability</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Military allotment/Pension</td> <td>☐</td> <td>☐</td> <td>Spousal Support</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Legal or Insurance Settlements</td> <td>☐</td> <td>☐</td> <td>Strike Benefits</td> <td>☐</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Other (explain)</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>		Yes	No		Yes	No	Unemployment Insurance	☐	☐	State Disability Insurance	☐	☐	Social Security Benefits	☐	☐	Veterans Administration	☐	☐	SSI/SSP	☐	☐	Workers Compensation	☐	☐	School Grants/Loans	☐	☐	Railroad Retirement	☐	☐	Training Benefits	☐	☐	Pensions or Disability	☐	☐	Military allotment/Pension	☐	☐	Spousal Support	☐	☐	Legal or Insurance Settlements	☐	☐	Strike Benefits	☐	☐				Other (explain)	☐	☐	☐ UBI-DATE: ☐ SDI-DATE: ☐ RSDI- DATE: ☐ SSI-DATE: ☐ OTHER DATE ☐ SSI APPEAL PENDING ☐ REFERRAL TO SSI ADVOCATE
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20	Do you, your spouse, or domestic partner have a settlement pending? ☐ Yes ☐ No ☐ Do you have an attorney? ☐ Yes ☐ No ☐ If Yes, explain, complete below: Attorney name/address: _____ Company/person suing: _____ Insurance Company _____ Date of accident or injury _____ Reason: _____	CASE COMMENTS AND VERIFICATIONS																																																												
		☐ WORKERS COMP. ☐ VERIFIED ☐ VERIFIED																																																												
21	Have you, your spouse or your domestic partner sold, spent, trade, closed, transferred or given anything away in the last three (3) months, such as money, motor vehicle, bank accounts, money from legal/accident settlement, insurance or anything else? ☐ Yes ☐ No If "Yes", explain below: _____	☐ VERIFIED																																																												
22	Have you, your spouse, or domestic partner received money from insurance, court settlement, inheritance, lottery or anything else in the last 3 months? ☐ Yes ☐ No If "Yes", complete below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Source</td> <td style="width: 33%;">Date received</td> <td style="width: 33%;">Amount</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	Source	Date received	Amount			\$			\$	☐ VERIFIED ☐ BANK BALANCE \$																																																			
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23	Do you, your spouse, or domestic partner have access to, or expect to receive, any of the following resources? Check Yes or No for each source. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Cash</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Trust funds</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Uncashed checks</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>IRA or Keogh plans, etc.</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Saving accounts</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Retirement funds</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Checking accounts</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Employee deferred comp.</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Credit union accounts</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Stocks, bonds, etc.</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Oil, mining or minerals</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Life insurance</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Burial plots, trust, etc.</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Life estate in property</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Income tax refund</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td>Gate money</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td></td> <td></td> <td></td> </tr> </table> If "Yes", complete below: Type _____ Owner _____ Account # _____ Source name/address _____		Yes	No		Yes	No	Cash	☐	☐	Trust funds	☐	☐	Uncashed checks	☐	☐	IRA or Keogh plans, etc.	☐	☐	Saving accounts	☐	☐	Retirement funds	☐	☐	Checking accounts	☐	☐	Employee deferred comp.	☐	☐	Credit union accounts	☐	☐	Stocks, bonds, etc.	☐	☐	Oil, mining or minerals	☐	☐	Life insurance	☐	☐	Burial plots, trust, etc.	☐	☐	Life estate in property	☐	☐	Income tax refund	☐	☐	Gate money	☐	☐	Other	☐	☐				☐ OTHER ☐ KCDHS 22 ☐ BEHICLE REGISTRATION ON FILE CLASS CODE _____ VALUE \$ _____
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24	Do you, your spouse, or domestic partner own or have your name on the registration of any motor vehicles (even if not running)? ☐ Yes ☐ No If "Yes", complete below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Vehicle (1)</td> <td style="width: 50%; text-align: center;">Vehicle (2)</td> </tr> <tr> <td colspan="2">Owner of vehicle _____</td> </tr> <tr> <td colspan="2">Year/make/model _____</td> </tr> <tr> <td colspan="2">License number _____</td> </tr> <tr> <td colspan="2">Estimated value _____</td> </tr> <tr> <td colspan="2">Balance owed _____</td> </tr> </table>	Vehicle (1)	Vehicle (2)	Owner of vehicle _____		Year/make/model _____		License number _____		Estimated value _____		Balance owed _____		☐ VERIFICATION ON FILE																																																
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25	Do you, your spouse, or domestic partner own/have any other personal property, such as antiques, jewelry, computers, tools or guns, worth at least \$100? ☐ Yes ☐ No If "Yes", complete below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Item</td> <td style="width: 25%;">Value</td> <td style="width: 25%;">Amount owed</td> <td style="width: 25%;">Date bought</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Item	Value	Amount owed	Date bought																																																									
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CONSENT AND AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

(Please type/print all information)

Name _____	Relationship _____	SSN # _____
Name _____	Relationship _____	SSN # _____
Name _____	Relationship _____	SSN # _____
Name _____	Relationship _____	SSN # _____
Name _____	Relationship _____	SSN # _____
Name _____	Relationship _____	SSN # _____

I authorize the agencies listed below to exchange or obtain records/information obtained during the course of my CalWORKs/CalFresh/Health Care eligibility, case and/or service plan. I understand that the sharing of information is deemed necessary to plan or provide needed services to establish eligibility or continuing eligibility. This authorization includes all individuals listed above for whom services are provided.

Community Connection for Child Care
Department of Rehabilitation
Employment Development Department
Employer's Training Resource
Housing Authority of the County of Kern
Kern County Department of Human Services
Kern County Child Support Services
Kern County Aging & Adult Services Department

Kern County Mental Health Department
KC Department of Mental Health: Children's System of Care
KC Superintendent of Schools/District School of Attendance
Kern County Department of Public Health
The Work Number Services
Kern Medical Center
Kern County Probation Department
Kern Community College District
Other _____

Restrictions of Records or Information:

☐

No

☐

Yes

CONSENT

I understand that this Consent for Release of Exchange of Records and Information is effective until such time as consent is withdrawn by the undersigned or one year. I have read this consent carefully.

Print your name _____

Signature _____ Date _____
(Participant, Parent/Caretaker, Relative/Guardian)

Print your name _____

Signature _____ Date _____
(Participant, Parent/Caretaker, Relative/Guardian)**AGENCY REPRESENTATIVE/WITNESS**Print Agency Representative Name _____
(Eligibility technician, Social Services Worker)

Signature _____ Date _____

Original: Case Record
Copy: Social Service Worker
Copy: Client Copy

REQUEST FOR CASH WARRANT GOOD CAUSE DETERMINATION

CLIENT'S NAME	CASE #:	DATE:
CASE WORKER'S NAME	WORKER #:	PHONE #: ()

Instructions: If you have a good reason to receive your general assistance benefits as a check rather than aid vouchers, and/or you have a good reason to receive your transportation benefits as a check rather than a bus pass, fill out this form. You can tell us about your good reason by giving us details in the section below.

After you fill out the form, turn it in to the Department of Human Services office. Keep a copy for your records, if you can. You can also request a receipt from the office when it is provided.

If you have any questions, call your General Assistance case worker.

Good Cause Reasons:

Check all the reasons that apply to you. If your reasons are not on the list, you can check the last box and write in your reason.

- ☐ I live more than one mile from the nearest voucher vendor (store)
- ☐ I have a disability that includes mobility problems.
- ☐ I live over one mile from the nearest bus stop..
- ☐ I have a medical, mental, or emotional condition
- ☐ I have problems using the bus
- ☐ I don't have a way to get to the aid voucher vendor (store)
- ☐ I need to buy special dietary items, personal necessities, or medical goods that are not available from the voucher vendor in my area.
- ☐ Any other reason you think should be considered.

(Explain:)

CLIENT'S NAME (PLEASE PRINT)	CLIENT'S SIGNATURE
CLIENT'S PHONE NUMBER	DATE
