

IMPORTANT

In order to meet requirements for the application process, you must go to a Department of Public Social Services office of the County of Los Angeles for a full intake interview. **This application may not be submitted by mail.** To assist you in **preparing for** the process, you may fill out the application ahead of time and bring it with you to the Department of Public Social Services office of the County of Los Angeles.

If you are disabled and unable to go to a Department of Public Social Services office of the County of Los Angeles, you may call 1 (877) 481-1044 and a home visit will be scheduled to assist you with the application process.

STATEMENT OF FACTS CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

Instructions: CAPI is a State-funded program for non-citizens only. Please print your answers clearly in blue or black ink. This application must be signed and dated by the applicant and spouse (if applicable).

If you need more space, use the "Remarks" section on page 6. Tell your worker if you need help in getting proof or filling out this form.

Type of Application: Couple Individual Child Child with Parents

COUNTY USE ONLY

CASE NAME

CASE NUMBER

WORKER DATE RCD

APPLICANT

① a. First Name, Middle Initial, Last Name _____ DATE OF BIRTH _____ SEX Male Female SOCIAL SECURITY NUMBER _____

b. Did you ever use any other names (including maiden name) or other Social Security Numbers? YES NO

c. Other names and Social Security Numbers used: _____

d. RESIDENCE ADDRESS (NUMBER AND STREET) _____ CITY _____ ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ CITY _____ ZIP CODE _____

(AREA CODE) HOME PHONE _____ (AREA CODE) WORK PHONE _____ (AREA CODE) MESSAGE PHONE _____ PERSON WITH WHOM TO LEAVE MESSAGE _____

e. Do you intend to remain in California? YES NO

LINKAGE Aged Blind Disabled

SSN _____ ID _____

② a. Do you have any physical or mental health problems or are you blind? (For example: high blood pressure, heart problems, diabetes, arthritis, osteoporosis, vision problems, depression, etc.) If yes, explain briefly:

	YOU	YOUR SPOUSE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b.

	Date Problem(s) Began	Describe Health Problem(s)
You		
Your Spouse		

DAPD Referral Completed

Disabled

Sponsored Deeming

SSI Referral Completed

MARITAL STATUS

③ a. Are you married? YES NO (Go to #4a.)

b. Spouse's Name (First, Middle Initial, Last) _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

c. Did your spouse ever use any other names (including maiden name) or other Social Security Numbers? YES NO

d. Other names and Social Security Numbers used by spouse: _____

e. Are you and your spouse living together? YES NO

f. Date you began living apart: _____ SPOUSE'S ADDRESS: _____

g. Is your spouse applying for CAPI? YES NO

Spouse

LINKAGE Aged Blind Disabled

SSN _____ ID _____

Spouse eligible? Yes No

IMMIGRANT STATUS

COUNTY USE ONLY

4 a.	Are you a United States citizen? If yes, go to end of application and sign your name.	YOU		YOUR SPOUSE	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Have you or your spouse (or former spouse) ever been in the U.S. Military Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5 a.	Are you lawfully admitted for permanent residence in the United States?	YOU		YOUR SPOUSE	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Give the date of lawful admission for permanent residence.	MO. DAY YR.	MO. DAY YR.	MO. DAY YR.	MO. DAY YR.
c.	Did any person, institution or group sponsor your entry into the United States? If yes, go to #6. If no, go to #7.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6 a. Give the following information about your sponsor(s):			
You <input type="checkbox"/>	SPONSOR'S NAME	ADDRESS	TELEPHONE NO.
Spouse <input type="checkbox"/>			()
You <input type="checkbox"/>	SPONSOR'S NAME	ADDRESS	TELEPHONE NO.
Spouse <input type="checkbox"/>			()
You <input type="checkbox"/>	SPONSOR'S NAME	ADDRESS	TELEPHONE NO.
Spouse <input type="checkbox"/>			()

b.	Is your sponsor deceased?	YOU		YOUR SPOUSE	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Is your sponsor disabled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Are you being abused by your sponsor or his/her spouse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7 a.	If not lawfully admitted for permanent residence, briefly explain your current immigration status with the Immigration and Naturalization Service (INS):	YOU	YOUR SPOUSE
b.	Through what date will INS allow you to remain in the United States? (If indefinitely, indicate.)	YOU	YOUR SPOUSE

8	What is your Alien Registration Number?		
9	What was your Port of Entry?		

RESIDENCY

10	Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? If yes, go to the end of the application and sign your name.	YOU		YOUR SPOUSE	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11 a.	When did you first make your home in the United States?	Date:	Date:	U.S. Resident?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Have you lived outside of the United States since then?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Give the dates you were outside of the United States. (month, day, year)	From:	From:	Passport viewed and copy on file	
		To:	To:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 a.	Within 30 days prior to applying for CAPI, were you outside of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				Month aid begins: _____	
b.	Give the dates you left and returned to the United States.	Date left:	Date left:		
		Date Returned:	Date Returned:		

LIVING ARRANGEMENTS

13	Check the applicable block to show where you live now: <input type="checkbox"/> House <input type="checkbox"/> Room (commercial establishment) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Jail <input type="checkbox"/> Room (private home) <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Shelter for Battered Women <input type="checkbox"/> Hospital <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Other Institution <input type="checkbox"/> Other (specify) _____				
14 a.	Do you need assistance in your personal care or hygiene, (e.g., help with eating, dressing, bathing, taking medication, or moving about)?	YOU		YOUR SPOUSE	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Do you have adequate cooking and food storage facilities available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Resident card on file?
 YES NO

SPONSORED?
 YES NO

AFFIDAVIT OF SUPPORT

Form I-134
 Form I-864

VERIFIED

Deceased
 Disabled
 Abused

INS Documentation on file?

Yes No

U.S. Resident?

Yes No

Passport viewed and copy on file

Month aid begins: _____

IHSS Referral
 NMOHC

Cooking Facilities?
 Yes No

LIVING ARRANGEMENTS (CONTINUED)

COUNTY USE ONLY

15 a. Do you and your spouse (if applicable) live alone?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. If no, give the following information about everyone who lives with you (or with you and your spouse):

Name	Relationship to you or spouse	Sex		Date of Birth	Receives Public Assistance		Public Assistance Includes: • BIA • CalWORKs • CAPI • SSI/SSP • GA/GR • VA Pension
		M	F		Yes	No	

16 a. Do you rent, own or are you buying the place where you live?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. If yes, how much is the monthly rent/mortgage payment? \$ _____

c. Does anyone who lives with you rent, own, or is he/she buying the place where you live?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Rental Liability/Ownership Verified

SOC 453?

Yes No

RESOURCES/PROPERTY

17 a. Do you own or does your name appear on the title of any vehicle; (e.g., cars, trucks, boats, motorcycles, motor homes, etc.)?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Exempt Vehicle?
 Yes No

2nd Vehicle

Market Value: \$ _____

Encumbrances: - \$ _____

Equity Value: = \$ _____

Owner's Name	Description (Year, Make and Model)	Used For (Work, Medical Other)	Current Market Value	Amount Owed

18 a. Do you own or are you buying any life insurance policies?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CSV?

Yes No

Amount: \$ _____

b. Give the following information on each policy:

	Policy #1	Policy #2
Owner's Name		
Name of Insured		
Name of Insurance Company		
Policy Number		
Face Value	\$ _____	\$ _____
Cash Surrender Value	\$ _____	\$ _____
Date Purchased		
Loans Against the Policy	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

19 Do you (either alone or jointly with another person) own any:

a. Life estates, or ownership interest in an unprobated estate?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Household or personal items with a resale value of over \$500 ea.?

YOU	YOUR SPOUSE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

c. If yes, give the following information:

Owner's Name	Item	Resale Value	Amount owed on item
		\$ _____	\$ _____
		\$ _____	\$ _____

20 a. Do you own or does your name appear (either alone or jointly) on any of the following items either inside or outside of the United States?	YOU		YOUR SPOUSE		COUNTY USE ONLY
	YES	NO	YES	NO	
Cash (at home, with you, or anywhere else)					
Checking Accounts					
Savings Accounts					
Credit Union Accounts					
Certificates of Deposit					
Notes					
Bonds					
Money Market Accounts					
Stocks					
IRAs					
Other items that can be turned into cash					

b. Give the following information for any "yes" answers in 20a.

Owner's Name	Name of Item	Value	Name of Bank or Financial Institution	Account Number

Verified?
 Yes No
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 Total: \$ _____

21 a. Do you own any land, buildings or does your name appear on the title of ANY property either inside or outside of the United States, other than at the address where you currently live?	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. If yes, give the following information:

Type of Property	Location of Property	Value
		\$ _____
		\$ _____

Verified?
 Yes No

22 a. Have you sold, transferred title, disposed of or given away any money or property, including money or property in foreign countries, within 36 months of this application filing date, and after December 14, 1999?	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. If yes, give the following information:

Description of Property	Current Market Value	Date of Transaction	Reason for Transaction

Name, Address, and Telephone Number of Buyer or Person Who Received Property	Relationship to Applicant	Sales Price or Other Agreement

Sold for less than Market Value?
 Yes No
 Date and Transfer Verified?
 Yes No
 Period of Ineligibility:
 Beginning date: _____
 Ending date: _____

23 a. Do you have any money set aside for burial expenses?	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Owner	Description (Type of Asset, Name of Organization)	Value	Date Set Aside	For Whose Burial (Relationship)

Exempt?
 Yes No
 Amount over \$1,500

24 a. Do you own any cemetery plots, crypts, caskets, vaults, or urns?	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Owner	Description	Value	For Whose Burial (Relationship)

Revocable
 Irrevocable
 Revocable
 Irrevocable

INCOME

COUNTY USE ONLY

25 a. Have you received, or do you expect to receive income from any of the following sources?

Source	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
Gifts/Support				
Social Security				
Veteran's Administration (VA)				
Supplemental Security Income (SSI)				
Unemployment Benefits				
State Disability				
Workers' Compensation				
Other Pensions/Annuities				
CalWORKs				
General Assistance/Relief				
Rental Income				
Insurance Payments				
Interest/Dividends				
Alimony/Child Support				
Other Income				

Verified?
 Yes No
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 Total: \$ _____

b. For each "yes" answer, give the following information:

Person Receiving	Type	Gross Amount	How Often Received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

26 a. Do you receive or do you expect to receive any wages?

	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Verified?
 Yes No

b. If yes, give the following information:

Person Working	Employer's Name, Address, and Telephone Number	Gross Wages		Dates of Employment
		Amount	How Often Paid	
		\$ _____		From: _____ To: _____
		\$ _____		From: _____ To: _____

Paid:
 Daily
 Weekly
 Bi-Weekly
 Monthly
 Twice Monthly
 Fluctuating

27 a. Have you been, or do you expect to be self-employed in the current year?

	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Tax Return?
 Yes No

b. If yes, give the following information:

Type of Business	Last Year's		This Year's		Dates of Self-Employment
	Gross Income	Net Income (Loss)	Gross Income	Net Income (Loss)	

Year of Tax Return: _____

28 If you are under age 65 and disabled, do you have any special expenses related to your illness or injury that are necessary for you to work? If yes, describe in "Remarks" on page 6.

	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IRWE?
 Yes No

29 Are you currently receiving Food Stamps or have you recently applied for Food Stamps?

	YOU		YOUR SPOUSE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Important Information - Please Read Carefully

REPORTING RESPONSIBILITIES	
You must tell us about any change within 10 days after the month it happens. Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty.	
CHANGES TO REPORT	
WHERE YOU LIVE:	
<ul style="list-style-type: none"> ● If you move. ● If you leave the United States for 30 days or more. ● If you are no longer a legal resident of the United States. 	<ul style="list-style-type: none"> ● If you (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative. ● If you are released from a hospital, nursing home, etc.
HOW YOU LIVE:	
<ul style="list-style-type: none"> ● If someone moves into or out of your household. ● If the amount of money you pay toward household expenses changes. ● The birth or death of any people with whom you live. 	<ul style="list-style-type: none"> ● If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.
INCOME:	
<ul style="list-style-type: none"> ● If the amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down. ● If you start to receive money (or checks or any other type of payment). 	<ul style="list-style-type: none"> ● If you start or stop work. ● If your earnings go up or down.
HELP YOU GET FROM OTHERS:	
<ul style="list-style-type: none"> ● If the amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down. 	<ul style="list-style-type: none"> ● If someone stops or starts helping you.
THINGS OF VALUE THAT YOU OWN:	
<ul style="list-style-type: none"> ● If the value of your total resources goes over \$2,000 (\$3,000 if you are married and live with your spouse). 	<ul style="list-style-type: none"> ● If you sell or give any things of value away. ● If you buy or are given anything of value.
YOU ARE BLIND OR DISABLED:	
<ul style="list-style-type: none"> ● If your condition improves or your doctor says you can return to work. ● If you go to work. 	<ul style="list-style-type: none"> ● If you stop or refuse any vocational rehabilitation services.
UNMARRIED AND UNDER AGE 22:	
<ul style="list-style-type: none"> ● If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence. 	<ul style="list-style-type: none"> ● If the child starts or stops school.
YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.	

I/We understand my/our reporting responsibilities and agree to cooperate.

YOUR SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE

KEEP FOR YOUR RECORDS

Important Information - Please Read Carefully

REPORTING RESPONSIBILITIES	
You must tell us about any change within 10 days after the month it happens. Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty.	
CHANGES TO REPORT	
WHERE YOU LIVE:	
<ul style="list-style-type: none">● If you move.● If you leave the United States for 30 days or more.● If you are no longer a legal resident of the United States.	<ul style="list-style-type: none">● If you (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.● If you are released from a hospital, nursing home, etc.
HOW YOU LIVE:	
<ul style="list-style-type: none">● If someone moves into or out of your household.● If the amount of money you pay toward household expenses changes.● The birth or death of any people with whom you live.	<ul style="list-style-type: none">● If your marital status changes: You get married, separated, divorced, or your marriage is annulled or you start living together after a separation.
INCOME:	
<ul style="list-style-type: none">● If the amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down.● If you start to receive money (or checks or any other type of payment).	<ul style="list-style-type: none">● If you start or stop work.● If your earnings go up or down.
HELP YOU GET FROM OTHERS:	
<ul style="list-style-type: none">● If the amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.	<ul style="list-style-type: none">● If someone stops or starts helping you.
THINGS OF VALUE THAT YOU OWN:	
<ul style="list-style-type: none">● If the value of your total resources goes over \$2,000 (\$3,000 if you are married and live with your spouse).	<ul style="list-style-type: none">● If you sell or give any things of value away.● If you buy or are given anything of value.
YOU ARE BLIND OR DISABLED:	
<ul style="list-style-type: none">● If your condition improves or your doctor says you can return to work.● If you go to work.	<ul style="list-style-type: none">● If you stop or refuse any vocational rehabilitation services.
UNMARRIED AND UNDER AGE 22:	
<ul style="list-style-type: none">● If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.	<ul style="list-style-type: none">● If the child starts or stops school.
YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES OR YOU BECOME A CITIZEN OF THE UNITED STATES.	