

**Name**

**Date**

As of September 1, 2018, adults aged 18-49 in your county who do not have dependents must complete work activities for an average of 20 hours a week (at least 80 hours a month) to receive CalFresh for more than three full months in a 36-month period, unless they are excused from the rule.

Please answer the questions below to see if these rules apply. Complete one worksheet for each adult aged 18-49. There are no right or wrong answers. All answers are confidential and will only be used to help you with your CalFresh application.

## INCOME AND UNPAID ACTIVITIES

### 1. Are you working?

This includes working a job or having your own business.

Examples of self-employment:

- Selling crafts online
- Babysitting
- Security guard at a community center

YES,  hours per week     NO

If yes, do you make \$217.50 per week or more before taxes?

YES     NO

### 2. Do you work as a migrant or seasonal farmworker or will you in the next 30 days?

YES     NO

If yes, will it be at least 30 hours per week or will you make \$217.50 per week or more before taxes?

YES     NO

### 3. Do you volunteer or do community service?

This includes faith-based service. Examples of volunteer work:

- Tutoring or helping a child with homework
- Volunteering at a church or other faith-based organization

YES,  hours per week     NO

### 4. Are you doing any in-kind work in exchange for goods or services?

Example:

- Doing maintenance around the home in exchange for free housing, child care or food

YES,  hours per week     NO

### 5. Are you in an employment training program?

YES,  hours per week     NO

If yes, which program?

### 6. Are you getting or have you applied for disability benefits or veterans disability?

YES     NO

### 7. Are you getting or have you applied for unemployment insurance?

YES     NO

### 8. Are you going to school at least half-time?

YES     NO

Continue on next page

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## HOUSEHOLD

**1. Do you live with anyone under the age of 18?**

YES  NO

**2. Are you taking care of someone who needs help taking care of themselves or is sick or a child under the age of 6?**

The person doesn't have to live with you.

YES  NO

**3. Are you without a home or a regular place to sleep?**

This includes staying in a car or someone else's home for less than 90 days.

YES  NO

## HEALTH

**1. Are you pregnant?**

YES  NO

**2. Are you experiencing or escaping violence or abuse from a current or previous partner or relative?**

Violent behaviors include, but are not limited to verbal abuse, intimidation, threats, being afraid of the person, being isolated, at the economic control of someone, being stalked, being neglected, being deprived of medical care, having property destroyed, having pets harmed, etc.

YES  NO

**3. Are you unable to work due to alcohol or drug use or in a drug or alcohol treatment program?**

YES  NO

**4. Does your physical, mental, or emotional health prevent you from working an average of 20 hours a week (80 hours/month)?**

YES  NO

**5. Do you have a personal situation that stops you from being able to work an average of 20 hours a week (80 hours/month)?**

YES  NO