Update 2012-19: Common-Place
Benefits CalWIN Additional Functionality

Background
Benefits CalWIN (BCW) currently allows clients to apply for CalWORKs (CW), CalFresh (CF) and Medi-Cal (MC) benefits and to complete and submit CF QR7s and Mid-year Status Reports (MSR).

Crucial Medi-Cal questions were missing from the BCW application and eligibility staff was required to contact the client to obtain missing information.

Changes
The following functionality has been added:

- The CalWORKs QR7 is added to BCW and will be available to clients for online completion. Staff must follow the workflow established for BCW Online QR7s.
  [See “Processing QR 7 Received by Mail,” page 61-1 for specific details.]

- The complete MC210 is now a part of the BCW application. The “Benefits CalWIN - Medi-Cal Supplemental Questions” (SCD 2290) is no longer needed for gathering missing Medi-Cal information when processing BCW CalFresh/Medi-Cal or BCW Medi-Cal only applications.

  Note: There is no change to the supplemental forms and informing notices required for all MC applications.

Implementation
The changes will be implemented as follows:

- Changes to the BCW Medi-Cal RRR are effective immediately.
• BCW Online CalWORKs QR7 will be available to clients as of June 1, 2012.

Forms

A sample of the BCW QR7 is included with this Update.

The SCD 2290 is now obsolete and must be recycled according to district office procedures

EW Supervisors/OMCs

In order to ensure staff is aware of these changes, EW Supervisors (EWS) and Office Management Coordinators (OMCs) must review this Update with their staff at their next unit meeting but no later than June 22, 2012.

UMESH POL, DIRECTOR
CalWIN Division
KATHERINE BUCKOVETZ, DIRECTOR
Department of Employment and Benefit Services

Contact Person(s): Olivia Cuevas, Application and Decision Support Specialist, (408) 755-7540.
QUARTERLY ELIGIBILITY/STATUS REPORT

REPORT MONTH INFORMATION
MARCH

Hobbes, Calvin
Tracking # 000054321 CALWIN CASE #: 1B0000T

COMPLETE, SIGN AND SUBMIT THIS FORM BY THE 5TH OF APRIL

QUARTERLY ELIGIBILITY/STATUS REPORT

THIS REPORT IS FOR THE MONTH OF
MARCH 2012
MONTH/YEAR

Need Help? Call your worker.

Calvin Hobbes
333 W. Julian St, Apt# 4A
San Jose, CA 95110

Caseload ID: BCW7

CalWIN Barcode

Please stop my benefits for:

☐ Food Stamps ☐ Cash Aid ☐ Medi-Cal

at the end of April 2012.

1. Did you move or do you have a new mailing address? Yes

2. Are you homeless? No

Home Address 333 W. Julian St, Apartment 4A, San Jose, CA 95110
3. Contact Information

<table>
<thead>
<tr>
<th>Contact Phone</th>
<th>Alternate/Cell Phone</th>
<th>Email Address</th>
<th>Alternate Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>408-555-7575</td>
<td>408-555-7575</td>
<td><a href="mailto:hobbestigen@email.com">hobbestigen@email.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any phone numbers or email addresses that we can use to contact you? Yes

What is the best way to get in touch with you? Contact Phone

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M. Monday, 4 p.m.

4. Are you or anyone in your household paying for housing and utilities at your new address?

No one

5. Did anyone in your household get income from any source in March 2012? Yes

If yes list income and attach proof.

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. Any Government Benefits: State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SS/SSP), other government disability or retirement, rental assistance, unemployment, veteran’s retirement, Worker’s Compensation (UIB), etc. Other Benefits: Child support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. Other: Cash, gifts, loans, scholarships, etc. Income In-Kind: Such as earned housing, free housing/utilities/clothing/food, etc.

Job Income
No one

Self Employment Income
No one

Other Income
Hobbes, Calvin

<table>
<thead>
<tr>
<th>Member's Name</th>
<th>Source of money</th>
<th>How much</th>
<th>How often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calvin Hobbes</td>
<td>Unemployment Benefits</td>
<td>$390</td>
<td>Every two weeks</td>
</tr>
</tbody>
</table>

Training

6. Do you expect any changes in income/money received by household members in the next three (3) months?  No

If yes provide information below and attach proof (See instructions for examples of income)

No one

7. Did anyone in your household who is disabled or is 60 years or older pay medical bills in March 2012?  No

Attach proof of payment:

No one

8. Did anyone in the household pay dependent care while working, seeking work or attending school or training in March 2012?  No

If Yes list all costs below and attach proof

No one

9. Did anyone in the household pay court ordered child support in March 2012?  No

If Yes list all costs below and attach proof

No one

10. Do you expect any changes in expenses for household members in the next three (3) months?  No
Hobbes, Calvin

11. Has anyone moved into or out of your home, or did you move in with someone else? No

12. Did anyone get, sell, trade or give away any property, such as land, home, bank accounts, or money payments, such as lottery or casino winnings, retroactive social security, tax refunds, or other property or resources? No

13. Has anyone in your household been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s)? No

14. Is anyone in your household running from the law to avoid felony prosecution, custody or confinement after conviction, or in violation of probation or parole? No

15. HOUSEHOLD MEMBER CHANGES SINCE LAST QR No

If yes, provide information and attach proof.

No one
CERTIFICATION

I understand that if on purpose I do not report all facts or give wrong facts about my income, property or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may be charged with committing a felony if more than $400 in Cash Aid, Food Stamps and/or State CMSP is wrongly paid out. I have received a copy of the Instructions andPenalties for the Quarterly Eligibility/Status Report for Cash Aid, Food Stamps and State CMSP.

Electronic Signature

I have agreed to submit this status report by electronic means. By signing this status report electronically, I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this status report is true, correct, and complete.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. The electronic signature should be that of an adult household member or Authorized Representative.

WHO MUST SIGN BELOW: The head of household, a responsible household member, or the household’s authorized representative.

Calvin Hobbes 4/1/2012 2:02:55 AM

Electronic Signature Date Time

4/1/2012 2:02:55 AM

Electronic Signature Date Time

4/1/2012 2:02:55 AM

Signature of person who helped you complete this form. Date Time

Benefits CalWIN Tracking Number 000054321