

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) INDIGENCE EXCEPTION STATEMENT

COUNTY USE ONLY:

- Initial
 Redetermination

NAME(S) OF CAPI APPLICANT(S) OR RECIPIENT(S)	CASE NUMBER
NAME OF PERSON MAKING STATEMENT (IF DIFFERENT)	RELATIONSHIP

- I am/we are currently living with my/our sponsor(s).
 I am/we are **not** currently living with my/our sponsor(s).

I am/we are applying for the indigence exception because:

- I am/we are currently unable to obtain food and shelter with the support I am/we are receiving from my/our sponsor(s) plus my/our own income and resources, **OR**
- I/we currently receive CAPI benefits, and without those benefits, I/we would be unable to obtain both food and shelter with the support I am/we are receiving from my/our sponsor(s) plus my/our own income and resources.

I am/we are currently receiving the following support from my/our sponsor(s).
(Enter "none" if no support is received):

SOURCE OF SUPPORT	TYPE OF SUPPORT (CASH OR IN-KIND)	AMOUNT OF SUPPORT
		\$
		\$
		\$
		\$

I/we understand that I/we must report any changes in the income I/we receive from my/our sponsor (*or anyone else*) to my/our county worker.

I/we understand that this situation must be reported to the United States Citizenship and Immigration Services (USCIS) in accordance with federal law.

I/we understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that may be punishable under state law.

I/we certify under penalty of perjury that the statements given on this form are the truth as I/we know it.

SIGNATURE OF RECIPIENT:	DATE:	PHONE NUMBER: ()
SIGNATURE OF SPOUSE:		DATE:
WITNESS, IF YOU SIGNED WITH AN "x":		DATE:
SIGNATURE OF INTERPRETER OR PERSON COMPLETING FORM ON YOUR BEHALF:		DATE:
RELATIONSHIP TO RECIPIENT:		PHONE NUMBER: ()

PRIVACY NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579, Sec.7), notice is hereby given for the request of social security number information by this form. This personal information is requested pursuant to the provisions of 8 U.S.C. Section 1631, the Social Security Administration's Program Operations Manual System, Section SI 00502.280H, and CDSS All-County Letter 02-63. Disclosure of the requested personal information is voluntary. The principal purpose of the voluntary information is to identify the applicant and thereby facilitate the processing of the form. Failure to provide the requested information may delay or prevent processing of the form.