

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) INDIGENCE EXCEPTION DETERMINATION

County of \_\_\_\_\_

<input type="checkbox"/> Initial Claim
<input type="checkbox"/> Redetermination

NAME OF APPLICANT/RECIPIENT	DATE OF BIRTH	CASE NUMBER
NAME OF APPLICANT/RECIPIENT (SPOUSE)	DATE OF BIRTH	CASE NUMBER

NAME OF APPLICANT/RECIPIENT'S SPONSOR \_\_\_\_\_

NAME OF APPLICANT/RECIPIENT'S SPONSOR \_\_\_\_\_

### SECTION A: Living Arrangements

Check One: 1.  Lives with sponsor    2.  Does **NOT** live with sponsor

- Check One:
- 3.  Lives with others and pays for shelter and food
  - 4.  Lives independently  
(use Section D to describe how food and shelter is obtained)
  - 5.  Lives with others and receives *free* shelter and food
  - 6.  Homeless

*Please Note: If box #1 or #5 is checked, skip down to Section D. Applicant is **not** eligible for the indigence exception. MPP §49-037.42. Also, if box #5 is checked, do **not** count housing subsidies (i.e., any housing assistance provided by non-profit organizations, federal, state, or local government) and food stamps as free shelter and food.*

### SECTION B: Monthly Income

<i>Redeterminations Only:</i> Current monthly CAPI payment received:	\$ _____
<i>All Cases:</i>	
1. Total cash and in-kind contributions from sponsor(s)	\$ _____
2. Total cash and in-kind contributions from others*	\$ _____
3. Total of recipient's/applicant's other earned and unearned income (including spouse's, if living together)	\$ _____
<b>Total income from all sources (sum of #1, 2 and 3)</b>	\$ _____
<b>Federal SSI rate</b>	\$ _____

*\*Includes normally excluded unearned income, including public benefits such as CalWORKS and GA/GR. However, do **not** count housing subsidies (i.e., any housing assistance provided by non-profit organizations, federal, state or local government) and food stamps.*

**SECTION C: Resources**

Sponsor(s)' resources available to applicant/recipient	\$ _____
Applicant's/recipient's own resources (including spouse's, if living together)	\$ _____
Total resources available to applicant/recipient	\$ _____
<b>Federal SSI resource limit</b> (\$2,000 for an individual, \$3,000 for a couple)	\$ _____

**SECTION D: Comments**

*(enter a brief narrative describing the circumstances surrounding this request)*

**Based on the information summarized on this form, it is determined that the indigence exception: (check 1 box)**

**does**     **does not apply to the applicant(s)/recipient(s) named above.**

ELIGIBILITY WORKER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE

CAPI is a public assistance program funded by the State of California. Forward a copy of this form to:

Office of Program and Regulation Development  
 U.S. Citizenship and Immigration Services  
 20 Massachusetts Avenue NW  
 Washington, DC 20529-0001

**AND**

California Department of Social Services  
 Adult Programs Division,  
 Benefit Programs Unit  
 744 P Street, M.S. 9-11-91  
 Sacramento, CA 95814-6413  
**or email to:** soc813@dss.ca.gov

***Please Note:** Forward this SOC 813 to the U.S. Citizenship and Immigration Services (USCIS) only when the indigence exception is approved. Forward this SOC 813 to the California Department of Social Services (CDSS) whether the indigence exception is approved or denied.*