

# How Eligible Families Lose Food Benefits

ideas

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## Improving SNAP Semi-Annual Reporting in California

**Many families lose their food benefits, even while still eligible to receive them, because of missing reporting requirements. Redesigned forms can help them maintain their benefits while reducing administrative costs of the program.**

### Summary

Across the State of California, an average of more than 1,974,000 households received over \$500 million dollars in CalFresh food benefits (federally known as the Supplemental Nutrition Assistance Program, or SNAP benefits) each month in the 2017-2018 state fiscal year.<sup>1</sup> More than half of recipients are children. Nationally, SNAP reduces child poverty by 2.7 percentage points,<sup>2</sup> and research also indicates that children who receive food assistance are healthier as adults.<sup>3</sup> Clearly, this program positively impacts millions of lives, with benefits for years to come.

But many people lose out on the CalFresh benefits they are eligible for. Under simplified reporting rules, a review of most CalFresh household's circumstances is required semi-annually and annually. Occasionally, an eligible household may lose CalFresh benefits, for example due to a missed reporting requirement, and may reapply for benefits shortly thereafter. This loss of CalFresh benefits and quick return to CalFresh indicates there was likely no loss of eligibility.

Caseload churn is the cycling of CalFresh households on and off the program when benefit eligibility was likely never lost. In 2017, roughly 23% of new CalFresh applications each month were from households that received benefits within the last 90 days, indicating that administrative barriers are keeping at least some households who otherwise want and are eligible for benefits from receiving them.<sup>4</sup>

Churn is bad for everybody—households lose out on the food assistance they rely on and are eligible for, and counties use administrative resources to unnecessarily process new applications. If we can reduce churn in the CalFresh program, we can help more people buy nutritious foods for their families and spend less time on unnecessary administrative tasks.

### Highlights

- ▶ In 2017, around 23% of new CalFresh applications were from households who previously received benefits.
- ▶ Administrative barriers can cause people to cycle on and off SNAP, leading them to lose benefits.
- ▶ A redesign of an eligibility reporting form with a behavioral lens aims to reduce churn and stabilize eligibility of families receiving assistance.

<sup>1</sup> California Department of Social Services, "DFA 256—Food Stamp Program Participation and Benefit Issuance Report, Fiscal Year 2017-2018 .

<sup>2</sup> CEA, "Long Term Benefits of the Supplemental Nutrition Assistance Program." (CEA Report, 2015).

<sup>3</sup> H. Hoynes, D. Schanzenbach, & D. Almond, "Long Run Impacts of Childhood Access to the Safety Net," AER,106 (2016)

<sup>4</sup> California Department of Social Services, "CalFresh Data Dashboard" (Updated 9/14/18).

## Redesigning the form

To make the CalFresh semi-annual reporting process easier, ideas42 partnered with the California Department of Social Services (CDSS), counties from across the state and stakeholders to develop a new, behaviorally informed version of California’s semi-annual reporting form: the SAR-7. We also redesigned sections of the form that help assess eligibility for CalWORKs—the State of California’s Temporary Assistance for Needy Families (TANF) program.

In order to learn which challenges prevented people from completing the original form on-time and accurately, we interviewed more than 24 CalFresh eligibility workers (EWs) in Monterey, Riverside, and San Diego counties. The EWs, the front-line staff who assist clients with applications and process ongoing cases, had detailed insights into parts of the form that were confusing, and behavioral obstacles that prevent their clients from completing the process. For instance, EWs pointed to jargon on the form that clients were frequently confused by. We then participated in a work group with CDSS, counties and stakeholders to redesign the form and introduce behaviorally informed elements including simplified language, more salient emphasis of deadlines, and personalized elements.<sup>5,6</sup> Finally, we user-tested a version of this new form with 13 SNAP clients in Santa Clara County and used their feedback to improve the wording and order of questions.

## Rolling out the new form

The state of California is on-track to implement this behavioral version of the form, pending final approvals and automation. When the state rolls it out, all CalFresh households will use the form to complete their semi-annual report—meaning it has the potential to positively impact a truly sizeable group of people.

Supporting clients with behaviorally informed materials can help more people complete the required steps to maintain benefits that many families rely on and to achieve administrative efficiencies. Many of the insights that drove the redesign of the form are likely applicable to SNAP forms in other states, representing an opportunity to touch a lot of lives across the country in a cost-effective way.

<sup>5</sup> Dechausay, Nadine, Caitlin Anzelone, Leigh Reardon (2015). The Power of Prompts: Using Behavioral Insights to Encourage People to Participate. OPRE Report 2015-75. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>6</sup> Internal Revenue Services, Behavioral Insights Toolkit, 2016

Appendix 1: Original SAR-7 Form:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**SAR 7 ELIGIBILITY STATUS REPORT**

**REPORT MONTH** \_\_\_\_\_

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER \_\_\_\_\_ 1st AND RETURN IT BY \_\_\_\_\_ 5th

SUBMIT MONTH SUBMIT MONTH

CASE NUMBER HERE \_\_\_\_\_

**NEED HELP?** (County Specific instructions w/county url)

Worker Name: \_\_\_\_\_

Worker Phone: \_\_\_\_\_ [DIST. ID HERE]

County: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

BAR CODE: \_\_\_\_\_

Check the box if you would like to STOP getting any of the following:  STOP my CalWORKs  STOP my CalFresh  
 STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?  Yes  No (If yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported?  Yes  No (If yes, complete the section below)

New Address: \_\_\_\_\_ Date Moved: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ \_\_\_\_\_ If paid separately, your property taxes and home insurance per month now? \$ \_\_\_\_\_

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:  
 Phone  Trash  Water  Electric/Gas  Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:  
A. Running from an outstanding warrant?  
B. Found by a court to be in violation of probation or parole?  
 Yes  No (If yes, complete the section below)

Name of person	A or B from above	In what state was the warrant issued, or did violation happen?	Date of warrant or violation

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below and attach proof:

Who had the change? \_\_\_\_\_ Amount of increase: \$ \_\_\_\_\_

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported?  Yes  No If yes, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ \_\_\_\_\_

Who paid support? \_\_\_\_\_

7. Dependent Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last reported, please complete the section below and attach proof:

What was the amount paid out-of-pocket in the Report Month? \$ \_\_\_\_\_

Who paid: \_\_\_\_\_ List dependent(s): \_\_\_\_\_

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported?  
 Yes  No (If yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount/Value?	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

SAR 7 (12/14) ELIGIBILITY STATUS REPORT - FOR CASH AID AND CALFRESH - REQUIRED FORM - SUBSTITUTES PERMITTED PAGE 1 OF 2

**9. Did anyone get income from employment in the Report Month?**  Yes  No (If yes, complete the section below and **attach proof**). The **Report Month** is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc. **If you lost your job, attach proof.**

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income/Employer name:			
	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ DATE(S) RECEIVED:	\$ DATE(S) RECEIVED:	\$ DATE(S) RECEIVED:
Hours worked per month:			

**10. Will there be any changes to your income from employment in the next six months (including income listed in #9)?**  
 Yes  No (If yes, explain here and **attach proof**). Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.

**11. Did anyone get money from any other source in the Report Month:**  Yes  No (If yes, complete the section below and **attach proof**.) The **Report Month** is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc. If you no longer get money from a source you previously reported, **attach proof**.

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

**12. Will there be any changes to money received from any other source in the next six months (including money listed in #11)?**  
 Yes  No (If yes, explain here and **attach proof**). Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

**13. CalWORKs only: Have any of the following happened to anyone in your home since you last reported?**  Yes  No (If yes, check below and **attach proof**):

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance  
For Age 18 or older student - started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Someone paid for all of my housing, food, clothing or utility costs. (please explain) \_\_\_\_\_
- Other \_\_\_\_\_

**Please read carefully, sign, and date.**

**By signing this form:**

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

**CERTIFICATION - FRAUD WARNING**

**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 also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.**

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

**WHO MUST SIGN BELOW:** For Cash Aid: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ( )	CONTACT/CELL PHONE ( )
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM 	DATE SIGNED

## Appendix 2: Proposed Redesign of SAR-7 Form:

<Partner Logo?>

### KEEPING YOUR BENEFITS UP TO DATE

TO: [NAME]  
[ADDRESS]

**DUE BY**  
**[SMONTH] 5<sup>TH</sup>**  
 Return by Mail, Online, or In Person to:  
[County Address]

*Salient Deadline*

### BENEFITS CHECK-IN

We need some information from you. By completing this form you'll continue to get benefits if you are still eligible. Not completing this form on time may lead to a loss of benefits.

**Here's what you need to do:**

- Fill out this form with information about your household in [RMONTH].  
 If you need more space to answer any question or to explain a response you can use the extra page at the end of the form.
- Attach any needed proof of income and expenses.  
 The county can help you get proof if you need it.
- Return your form by mail, in person, or online at [WEBADDRESS]

This form was sent to you by [COUNTY].  
 Please let us know if you have any questions — we are here to help!  
 You can reach us at [COUNTY NUMBER]

*Conversational tone*

### ABOUT YOUR HOUSEHOLD

**1. What is your current mailing address and phone number?**

\* Optional fields

STREET/APT #	CITY	STATE	ZIP
HOME PHONE*	CELL PHONE*		
EMAIL*	<input type="checkbox"/> I do <b>not</b> want to receive text messages from the county about my benefits.		

SAR 7 (XX/XX) ELIGIBILITY STATUS REPORT FOR CASH AID AND CALFRESH REQUIRED FORM - NO SUBSTITUTES PERMITTED.

Worker Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_

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*Clearer Next Steps*

*Personalized Dates and Instructions*

*Categorization and Subsections*

**2. Has anyone moved into or out of your house since last [AMONTH]?** YES  NO

(Tip: Remember to include any newborn children.)

NAME OF PERSON	DATE OF BIRTH	MOVED IN OR OUT?	WHAT IS THIS PERSON'S RELATIONSHIP TO YOU?	Do you regularly buy and make food together?
		<input type="checkbox"/> In <input type="checkbox"/> Out		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In <input type="checkbox"/> Out		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In <input type="checkbox"/> Out		<input type="checkbox"/> Yes <input type="checkbox"/> No

**YOUR HOUSEHOLD'S INCOME**

**3. Earned income: Did anyone in your household get income from a job in [RMONTH]?** YES  NO

(Tip: Earned income includes money you earned from a job, tips, babysitting, self-employment or any other pay. If you are self-employed, write "self" in the Employer Name box).

EMPLOYER NAME	HOUSEHOLD MEMBER WHO WORKED	HOURS WORKED IN [RMONTH]	GROSS AMOUNT EARNED IN [RMONTH]*	HOW OFTEN PAID?	I HAVE ATTACHED PROOF
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*Tips on reporting income:**

- Report any income that was paid to you in [RMONTH], even if you did the work in a different month
- For "How Often Paid" write whether you are paid weekly, biweekly, twice a month, monthly, or other
- Gross means the amount before any deductions

**Tips to address common errors**

**4. Other money: Did anyone in your household get money from a source other than a job in [RMONTH]?**

Tip: you must attach proof, such as check stubs, for each source of other money. Other Money includes any money you got from:

- ▶ Social Security**
- ▶ State Disability Insurance**
- ▶ Loans, Gifts, or any other money that came into your household**
- ▶ Unemployment Compensation**
- ▶ Child or Spousal Support**
- 
- ▶ Veteran's Benefits**
- ▶ Worker's Compensation**
- 

SOURCE OF OTHER MONEY	HOUSEHOLD MEMBER WHO GOT OTHER MONEY	TOTAL OTHER MONEY IN [RMONTH]:	ONE TIME PAYMENT, OR RECURRING?	I HAVE ATTACHED PROOF
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Has anyone stopped a job or stopped getting a source of other money since [AMONTH]?** YES  NO

- Name of job or other money source that stopped: \_\_\_\_\_
  - Reason job or other money source stopped: \_\_\_\_\_
- I have attached proof  I do not have proof

**6. In the next six months, will there be any changes to anyone's income?** YES  NO

- (Tip: Report any changes in income that you know of. Remember, if your income goes over your household's Income Reporting Threshold (IRT) at any time you must report it to the county.)*
- Will your income  go up or  go down?
  - By how much? \$ \_\_\_\_\_
  - On what date? \_\_\_\_\_
  - What is the reason for this change? \_\_\_\_\_
- I have attached proof  I do not have proof

**YOUR HOUSEHOLD'S EXPENSES**

**7. Have your monthly rent or utility payments changed since [AMONTH]?** YES  NO

- What is your monthly rent or mortgage payment now? \$ \_\_\_\_\_
  - Do you pay any of the following costs? If yes, check the box and write how much you paid in [RMONTH].
    - Phone \$ \_\_\_\_\_  Trash \$ \_\_\_\_\_  Water \$ \_\_\_\_\_
    - Electric/Gas \$ \_\_\_\_\_  Other heating or cooling costs \$ \_\_\_\_\_
    - Property Tax \$ \_\_\_\_\_  Home Insurance \$ \_\_\_\_\_
- I have attached proof  I do not have proof

**8. Dependent/Child Care**

- Did anyone who gets CalFresh and either:
    - works
    - is looking for work
    - or is going to school
 have a change in out-of-pocket dependent care costs?..... YES  NO 
    - Name of household member who paid for dependent care costs: \_\_\_\_\_
    - Amount this person paid in [RMONTH]: \$ \_\_\_\_\_
    - Names of dependents: \_\_\_\_\_
- I have attached proof  I do not have proof

**9. Child Support Payments**

⦿ Did anyone who gets CalFresh have a change in the amount of child support that they have to **pay** since you last reported in [AMONTH]? **YES**  **NO**

- Name of household member who paid child support: \_\_\_\_\_
  - Amount of child support paid by household member in [RMONTH]: \$\_\_\_\_\_
- I have attached proof  I do not have proof

**10. Medical Costs**

⦿ Did anyone who gets CalFresh in your household who is either 60 or older or disabled have their medical costs go up or have a new medical cost? **YES**  **NO**

- Household member who paid for medical costs: \_\_\_\_\_
  - Amount of medical costs paid by household member in [RMONTH]: \$\_\_\_\_\_
- I have attached proof  I do not have proof

**SIGN AND DATE BELOW**

⦿ Please sign and date the form below. Your form must be dated on or after [SMONTH] 1<sup>st</sup> in order for us to accept it.

CERTIFICATION - FRAUD WARNING	
<p><b>I UNDERSTAND THAT:</b> 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 also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.</p>	
<p><b>You must sign and date this report after the last day of [RMONTH] or it will be considered incomplete.</b></p> <p>I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.</p>	
HEAD/REPRESENTATIVE OF HOUSEHOLD SIGNATURE	DATE
<i>SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM (if applicable)</i>	DATE