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. More than half of recipients are children. Nationally, SNAP reduces child poverty by 2.7 percentage points, and research also indicates that children who receive food assistance are healthier as adults. 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.

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.

1 California Department of Social Services, “DFA 256—Food Stamp Program Participation and Benefit Issuance Report, Fiscal Year 2017-2018 .
4 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.5,6 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.

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6 Internal Revenue Services, Behavioral Insights Toolkit, 2016
Appendix 1: Original SAR-7 Form:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

SAR 7 ELIGIBILITY STATUS REPORT

REPORT MONTH

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

CASE NUMBER: [REPLACE]

NEED HELP? (County Specific instructions w/county info)
Worker Name:
Worker Phone:
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)

<table>
<thead>
<tr>
<th>Date of Move (mm/dd/yyyy)</th>
<th>Name (First, Middle, Last)</th>
<th>Date Of Birth</th>
<th>Relationship To You</th>
<th>Regularly Purchase And Prepare Food Together?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In</td>
<td>Out / /</td>
<td>/ /</td>
<td>/ /</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>In</td>
<td>Out / /</td>
<td>/ /</td>
<td>/ /</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>In</td>
<td>Out / /</td>
<td>/ /</td>
<td>/ /</td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

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?
   ☐ Yes ☐ No (If yes, complete the section below)

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: ___________________________

If yes, complete the section below:
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: ___________________________

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:

Who paid: ___________________________

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? ___________________________

Who paid: ___________________________

Type of Property? ___________________________
When? ___________________________
Amount/Value? ☐ Bought ☐ Sold ☐ Gave Away ☐ Spent
Got as a gift ☐ Traded ☐ Won ☐ Other

SAR7 (2016) ELIGIBILITY STATUS REPORT FOR CASAID AND CALFRESH REQUIRED FORM SUBSTITUTIONS 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.

<table>
<thead>
<tr>
<th>Job #1</th>
<th>Job #2</th>
<th>Job #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person who got income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of income/Employer name:</td>
<td>Self-employed, check here ☐</td>
<td>Self-employed, check here ☐</td>
</tr>
<tr>
<td>How often paid:</td>
<td>Weekly ☐ Biweekly ☐ Other ☐</td>
<td>Weekly ☐ Biweekly ☐ Other ☐</td>
</tr>
<tr>
<td>Gross amount of income they got in the report month:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dates received:</td>
<td>DATE(S) RECEIVED:</td>
<td>DATE(S) RECEIVED:</td>
</tr>
<tr>
<td>Hours worked per month:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Source of income</th>
<th>One time payment or monthly</th>
<th>How much</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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 (Become disabled or recovered from a disability or major illness?)
   - Immigration (Citizenship or immigration status change, got a new card, form, or letter from USCIS (INS)?)
   - Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICAID?)
   - 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.

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: ____________ Cell/Cell Phone: ____________

Signature of Spouse, Registered Domestic Partner, or Other Parent (of Cash Aid/CalFresh Children): ____________________________ Date Signed: ____________

Signature of Witness to Mark, Interpreter, or Other Person Completing Form: ____________________________ Date Signed: ____________
Appendix 2: Proposed Redesign of SAR-7 Form:

KEEPING YOUR BENEFITS UP TO DATE

TO: [NAME] [ADDRESS]

DUE BY [SMONTH] 5TH
Return by Mail, Online, or In Person to: [County Address]

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:
1. 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.
2. Attach any needed proof of income and expenses. The county can help you get proof if you need it.
3. 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]

ABOUT YOUR HOUSEHOLD
1. What is your current mailing address and phone number?

* Optional fields

STREET/APT #: ____________________________
CITY: ____________________ STATE: _______ ZIP: _________

HOME PHONE*: __________________________

CELL PHONE*: __________________________
☐ I do not want to receive text messages from the county about my benefits.

EMAIL*: ________________________________

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

Worker Name: __________________________
Case Number: ____________________________

1 of 9
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?
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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<td>□ In □ Out</td>
<td>□ Yes □ No</td>
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<td>□ In □ Out</td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td></td>
<td>□ In □ Out</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

   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).

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>HOUSEHOLD MEMBER WHO WORKED</th>
<th>HOURS WORKED IN [RMONTH]</th>
<th>GROSS AMOUNT EARNED IN [RMONTH]*</th>
<th>HOW OFTEN PAID?</th>
<th>I HAVE ATTACHED PROOF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<td>□ Yes □ No</td>
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<td>□ Yes □ No</td>
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<td></td>
<td>$</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

   *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.

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

<table>
<thead>
<tr>
<th>SOURCE OF OTHER MONEY</th>
<th>HOUSEHOLD MEMBER WHO GOT OTHER MONEY</th>
<th>TOTAL OTHER MONEY IN [RMONTH]</th>
<th>ONE TIME PAYMENT; OR RECURRING?</th>
<th>I HAVE ATTACHED PROOF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td>$</td>
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<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
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
     — 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]?

- 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?

- 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] 1st in order for us to accept it.

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 [RMONTH] 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.

HEAD/REPRESENTATIVE OF HOUSEHOLD SIGNATURE ___________________________ DATE __________

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM (If applicable) ___________________________ DATE __________

Worker Name: ___________________________ Case Number: ___________________________