

Redetermination Forms

Forms required to be provided to CalWORKs recipients during the **annual redetermination process**:

FORM	FORM TITLE
SAWS 2 Plus *	Application for CalFresh, Cash Aid, and/or Medi-Cal/Health Care Programs
SAWS 2A SAR	Rights and Responsibilities and Other Important Information for the Cash Aid and CalFresh Programs, and/or Medi-Cal
GEN 1365	Notice of Language Services
20-44 HHS	Civil Rights Information
20-46 HHS **	Language Needs
VRC **	California Voter Registration Card
16-64 HHS **	NVRA Voter Preference Form
16-66 HHS	Direct Deposit Sign-Up Form
16-85 HHS	Direct Deposit Flyer
16-157 HHS **	Text Messaging Service Agreement
07-31C HHS	School Attendance Informing Notice
07-33 HHS	Orientation Form
07-252 HHS	Information for Native American Applicants for Cash Aid
07-319 HHS	San Diego Community Resource Pamphlet
CCP 7	CalWORKs Stage One Child Care Request Form and Payment Rules
CW 101	CalWORKs Immunization Rules
CW 2102	The Maximum Family Grant (MFG) Rule for Recipients of Cash Aid
CW 2166	Work Really Pays! Here's How
CW 2184	CalWORKs 48-Month Time Limit
FO043S (E) FO043SP (SP)	Direct Child Support Instruction Letter
PUB 13	Your Rights Under California Welfare Programs
PUB 275	Family Planning... Making the Commitment for a Healthy Future
SAR 7 ***	Semi-Annual Eligibility Status Report for Cash Aid and CalFresh
SAR 7 Addendum ***	Instructions and Penalties SAR 7 Eligibility Status Report
SAR 7A ***	How To Fill Out Your SAR 7 Eligibility Status Report
TEMP 2214	Additional Information about Electronic Benefit Transfer (EBT)
WTW 5	Welfare-to-Work (WTW) Program Notice

* The CalWIN Statement of Facts (SOF/CSF 60) is the equivalent of the SAWS 2 Plus.

** Refer to the Eligibility Policy and Procedure Guide for County's policy

*** Forms are required for Semi-Annual Reporting (SAR) cases and **not** Annual Reporting/Child Only (AR/CO) cases.