## **User Centered CalFresh Client Communications**

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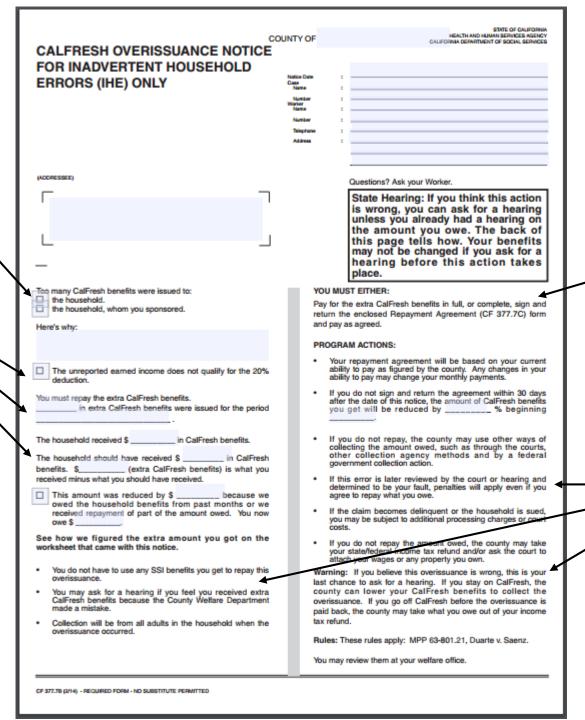


## CalFresh Overissuance Notice for IHE Pre-Redesign

Notice generally outdated.

So many reasons this may have happened.

Too much text and generally limited white space. Layout is not intuitive.



Desired client action is not front and center.

Notes and warnings are mixed throughout.

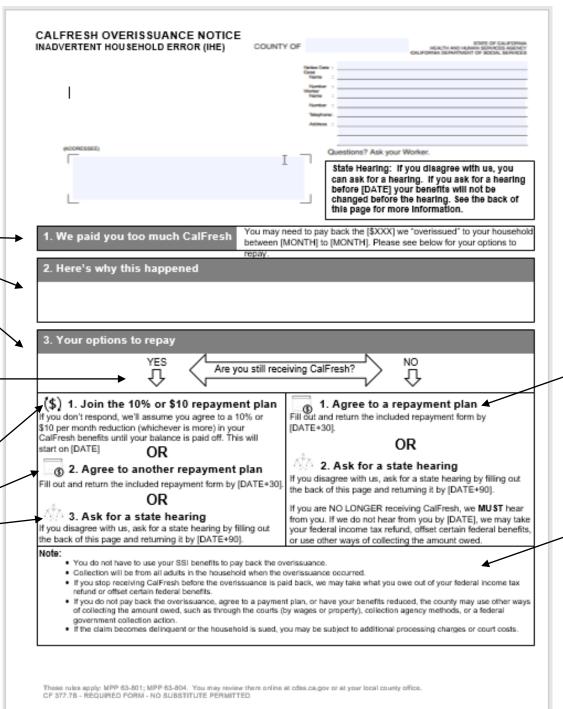


## CalFresh Overissuance Notice for IHE New & Improved

Clear numbering makes the notice easy to follow and indicates the order in which the client should read the notice.

A key factor, whether or not you are still receiving CalFresh, is highlighted to lead you to options specific to your circumstances.

Small icons are used as an alternative visual queue.



Bolded text is used selectively.

Notes and warnings, are organized together.



## Up Next: Semi-Annual Reporting Form (SAR 7)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY				WORK		CALIFORNIA DEPARTMENT OF SOCIAL SERVICE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICE		
SAR 7 ELIGIBILITY STATUS REPORT			EPORT	PAY\$	REPORT MONTH			
то	KEEP YOUR BENEFI	ITS COMING ON TIME, F	PLEASE SIGN THE F		1st AND RET	TURN IT BY5t		
_	CA	SE NUMBER HERE		NEED HELP? (Co	ounty Specific instruction	ns w/county url)		
				Worker Name:		[DIST. ID HERE]		
				Worker Phone:		portonene		
				County:				
				Street address:				
				City, State, Zip Co	de			
				BAR CODE:				
Che	eck the box if you wo	ould like to STOP getting	g any of the following	ng: STOP my (		my CalFresh		
1.		into or out of your hom		rns) or did you me		else since you last		
_	reported?	s No (If yes, comple		)				
	Date of Move (mm/dd/yy)	/Elect	Name Middle, Last)	Date Of Bir	th Relationship To	Regularly Purchase And Prepare Food Together:		
	In Out / /	(First,	middle, Last)	1 /	iou	YES NO		
	In Out / /	1		1 1		☐ YES ☐ NO		
	In  Out / /			1 1		☐ YES ☐ NO		
Your \$	rent or mortgage per month you have utility costs	now? If p	oald separately, your proper	ty taxes and home insur payment? If so, ch	neck which ones:			
Your \$	Mailing Address (if di If you have moved a rent or mortgage per month you have utility costs Phone Trash CalWORKs only: Is A. Running from a	since you last reported in now?   If p \$ that are not included in y   Water   Electr s anyone in your home: an outstanding warrant?	our rent or mortgage	payment? If so, cheating or cooling of	ance per month now?			
Your \$ Do	Mailing Address (if di If you have moved a rent or morigage per month you have utility costs Phone Trash CalWORKs only: Is A. Running from a B. Found by a cou	since you last reported in now? If p \$ that are not included in you Water Electr s anyone in your home:	our rent or mortgage ric/Gas Other l	payment? If so, cheating or cooling of	ance per month now?			
Your \$ Do	Mailing Address (if di If you have moved a rent or morigage per month you have utility costs Phone Trash CalWORKs only: Is A. Running from a B. Found by a cou	since you last reported now? If s that are not included in y Water Electric anyone in your home: an outstanding warrant? art to be in violation of f (If yes, complete the sec	our rent or mortgage ric/Gas Other l	ty taxes and home insur payment? If so, of neating or cooling o	ance per month now?	Date of warrant or violati		
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Your s Do 1 4.	Mailing Address (if di If you have moved a rent or mortgage per month you have utility costs Phone Trash CalWORKs only: Is A. Running from a B. Found by a cou Yes No Name of Medical Costs: If at complete the sectio had the change?  Child Support: Did reported? Yes What was the amoun Who paid support? Dependent Care: If out-of-pocket deper What was the amoun Who paid: Did anyone: Get, b Iottery/casino winni	since you last reported now?  If it is that are not included in you water is electron anyone in your home: an outstanding warrat to be in violation of process of the present in below and attach promote in the process of the present in below and attach promote in the process of the present in below and attach promote in the process of	our rent or mortgage io/Gas Other Io  our rent or mortgage io/Gas Other Io  our control of the Io  A or B from above  The Io  of:  resh have a change the section below and attach policy and below and attach policy and the Io  our control of the Io  our	In what state or or did vide or older, or dissipation of the mount of individual of indivi	ance per morth now?  neck which ones: costs  ras the warrant Issued, olation happen?  abled, had an increase child support they hav  work, or is going to so as e section below and a  ank accounts, money, ems since last reporte more space, attach a se	Date of warrant or violative in medical costs please to pay since they last thool, had an increase in attach proof:  payments (such as d? parate piece of paper).		

Did anyone get income from employ:     The Report Month is listed at the top of piece of paper. Examples include bab.	ment in the Rep of the first page. ysitting, salary, s	ort Month? List each job elf-employme	Yes No for each person ent, sick pay, tips.	(If yes, complete the s who works. If you nee etc. If you lost you	section belowed more space	and attach proof) e attach a separate proof.	
		b #1		Job #2		Job #3	
Name of person who got income:							
Source of income/Employer name:			_				
	Self-employed, ch	Self-employed, check here		Self-employed, check here		Self-employed, check here	
How often paid:	Weekly Biweekly Other Monthly Twice monthly		Other Weekly Monthly			Weekly Biweekly Othe Monthly Twice monthly	
Gross amount of income they got in the	s s				s		
eport month:	DATE(S) RECEIVED:		DATE(S) RECE	DATE(S) RECEIVED:		DATE(S) RECEIVED:	
Hours worked per month:							
10. Will there be any changes to your in Yes No (If yes, explain here changes in hours; quitting a job or goin	and attach proc	f). Examples	: Stopping or st	arting a job; increase			
<ol> <li>Did anyone get money from any oth proof.) The Report Month is listed at Veteran's Benefits, State Disability Insi Housing, Utilities, Food, etc. If you no</li> </ol>	the top of the fi urance (SDI), Ch	rst page. Exa nild/Spousal S	mples include: S Support, Worker's	Social Security, Unemp Compensation, Loan	ployment Co ns/Gifts, Earr	mpensation,	
Name		Source of i	ncome	One time payment	or monthly	How much	
					,	\$	
						\$	
						S	
3. CalWORKs only: Have any of the for lifyes, check below and attach proof Family Change (Married, divorced non-California Domestic Partnerst Job/Employment (Start, stop, quit Disability (Became disabled or rec Immigration (Citizenship or immigin Insurance (Startet, stopped, or ct Custody (Any change in the amount In-Home Support Services (Starte School Attended Startet School School Attended Startet School Attended School Attended School Attended Startet School Attended School Att	: , separated, enterinip (DP), ended a loovered from a diration status chain anged health, direct of time you cand or stopped geted or stopped seted sete	ered into a Ca a DP or RDP, business or w isability or ma nge, or got a ental, or life in are for/have of ting services chool/college	alifornia Register became pregna eent on strike?) ajor illness?) new card, form, nsurance benefit ustody of your cl ?)	ed Domestic Partners nt, or is no longer pre or letter from USCIS s, including MEDICAF hildren?)	ship (RDP), h gnant?) (INS)?) RE?)		
lease read carefully, sign, and date.							
sy signing this form:  I understand and certify, under penknowledge.  I understand the penalties for fraud pay back benefits if I was not eligibly year; the second time two years, and I understand and agree to give copil	are as follows: le to them. The find after the third les of all docume s, I may be asked	I may be sent first time I bre time I will not ents needed to d to give cons	t to prison for up eak the rules on i be able to get C o complete my s sent to the Count	to 20 years and fined ourpose I will not be a calFresh again. emi-annual report. y to make whatever c	up to \$250, able to get C	000. I may have to alFresh for one	
	CERTIF	ICATION - F	RAUD WARNI	NG			
I UNDERSTAND THAT: If on purpose I d getting aid or benefits, I can be legally pr CalFresh is wrongly paid out as a result o Status Report for Cash Aid and CalFresh.	osecuted. I may of such an action	also be char	rgeď with commi	tting a felony if more t	than \$950 in	Cash Aid, and/or	
YOU MUST SIGN AND DATE THIS REPORT I declare under penalty of perjury under the la and complete.							
WHO MUST SIGN BELOW: For CalFresh: The head of	ur aided spouse, re household, a resp	onsible house	stic partner, or the hold member, or th THOME PHONE	other parent (of cash-ai e household's authorize	ided children) d representati	ve.	
SIGNATURE OR MARK		DATE SIGNED	HOME PHONE		CONTACTICEL	L PHONE	
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PART PARENT OF CASH AIDED CHILD(REN)	TNER, OR OTHER	DATE SIGNED	SIGNATURE OF WITHI COMPLETING FORM	ESS TO MARK, INTERPRETER	OR OTHER PER	SON DATE SIGNE	
SAR 7 (12/14) ELIGIBILITY STATUS REPORT - FOR CASH AL						DICE NO	

