



United Way California Capital Region (UWCCR) Guaranteed Income Program Benefits Survey, Recipient Consent Form and Notification of Potential Impact on Eligibility for State and Federal Benefits

To Prospective Participants in The United Way Guaranteed Income Program ("UWGI"):

Benefits Survey

Taking part in UWGI may change your eligibility for government benefits. UWGI staff are working hard to secure formal waivers and exemptions to mitigate any negative impact that receiving Guaranteed Income funds could have on your current public benefits.

To help you decide if taking part in UWGI is the right decision for you and your family, please complete the survey below. We will be scheduling a one-on-one session (in person or over video) with a United Way staff member to review your answers and discuss any potential impact receiving UWGI may have on your current public benefits. Also, if you check "yes" or "unsure" for any question, you are strongly encouraged to talk with the public case worker assigned to you at the public agency that distributes your benefits, such as the local Department of Human Assistance.

1) Do you receive Social Security Insurance benefits for yourself and any dependents (e.g. children)?

____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for SSI benefits _____

2) Do you receive Basic Food benefits or SNAP, otherwise known as CalFresh? ____ Yes ____ No

____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for SNAP/CalFresh benefits _____

3) Do you receive Women, Infants, and Children (WIC) benefits? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for WIC benefits _____

4) Do you receive Subsidized Child Care benefits, such as Child Action? ____ Yes ____ No

____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for Child Action _____

5) Do you receive General Assistance benefits? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for General Assistance benefits _____

6) Do you receive Refugee Resettlement cash benefits? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking that part in UWGI may change my eligibility for Refugee Resettlement benefits _____

7) Do you receive Low Income Housing Energy Assistance Program (LIHEAP) and/or Low-Income Household Water Assistance Program (LIHWAP) benefits? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking that part in UWGI may change my eligibility for LIHEAP and/or LIHWAP benefits _____

8) Do you receive Veterans Programs benefits? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for Veterans Programs benefits _____

9) Do you receive Subsidized Housing or Rental-Assistance benefits, such as the Housing Choice Voucher Program? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for Housing or Rental-assistance benefits _____

10) Do you receive any assistance (rental, emergency, or other) from a Tribe that you are affiliated to or a descendent of? ____ Yes ____ No ____ Unsure

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for Tribe based assistance benefits _____

PLEASE NOTE: The government counts gifts towards an individual's eligibility for SSI, SNAP, WIC, veterans' programs, and housing or rental-assistance programs so if you marked "yes" or "unsure" for any of the questions above (1-10), you may have an increased risk of losing those benefits through your participation in the UWGI program. If you marked "yes" or "unsure" on any of the above questions, we will review and discuss this further when you have your scheduled benefits counseling session with a UW staff member.

11) Do you receive Temporary Assistance for Needy Families (TANF), also known as CalWorks, for non-needy relatives, in loco parentis, and legal guardians? ____ Yes ____ No

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for TANF for non-needy relatives, in loco parentis, and legal guardians' benefits _____

12) Do you receive MediCal (Medicaid)? ____ Yes ____ No

If you checked "yes" please initial: I understand that taking part in UWGI may change my eligibility for Medicaid benefits _____

13) Do you receive or pay Child Support? ____ Yes ____ No

If you checked "yes" please initial: I understand that taking part in UWGI may change my Child Support obligations _____

PLEASE NOTE: Participation in this program likely bears little risk of impacting your eligibility for TANF for non-needy relatives, in loco parentis, and legal guardians, Medicaid, and finalized child support agreements. However, we cannot guarantee that you will not lose your eligibility for these benefits or have your UWGI dollars garnished if you join UWGI. If you marked “yes” or “unsure” on question 11, 12, or 13, we will review and discuss further when you have your scheduled benefits counseling session with a UW staff member.

Other public benefits not mentioned above that also are believed to be not impacted by an increase in income are Social Security retirement, Social Security Disability Income (SSDI), and unemployment.

After you have filled out the survey and completed your benefits counseling session with a UW staff member (or declined to have this session according to your own volition), please sign below.

| | | |
|-------------|-------------|-------------|
| <div></div> | <div></div> | <div></div> |
| Print name | Signature | Date |

Name of UW Staff Member who conducted your benefits counseling: (write N/A if you declined benefits counseling)

☐ Please check here if you declined to have a benefits counseling session.

If after you complete the survey and/or talk to a UW Staff member about benefits counseling, or for any other reason, you decide not to join UWGI, please sign on page 4 and let a UWGI Manager know so that we can thank you for your participation and record your decision.

Tax Disclaimer

UWGI disbursements are a gift from the UWGI program to you, and we believe they do not need to be reported as taxable income on your tax return. However, it is important to understand that guaranteed income is a new idea, and the IRS has not yet determined whether it considers payments like this as a gift or income. That means that there is a possibility that the IRS might decide that some or all of these disbursements are taxable.

By signing below, you are acknowledging you understand there is a possibility you will have to pay taxes on your UWGI stipend.

| | | |
|-------------|-------------|-------------|
| <div></div> | <div></div> | <div></div> |
| Print name | Signature | Date |

After you have considered your benefits situation, and you have read and understood the tax disclaimer, please sign one of the options below:

If you decide NOT to join the UWGI:

After considering my benefit situation, I have decided **not** to join the UWGI program.

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print name | Signature | Date |

If you decide to join UWGI:

I, _____, confirm that I have had the opportunity to talk about my personal benefits situation with a UW Staff Member. I understand that taking part in UWGI might change my eligibility for benefits, and I am making the choice to join UWGI anyway.
(If you did not mark yes on questions 1-9 above, do not sign below and skip to the next section of this waiver).

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print name | Signature | Date |

By signing below, I acknowledge that UWGI is not liable if I lose any benefits, and that I am waiving, releasing, and discharging the United Way California Capital Region, the City of Sacramento, and State of California Department of Social Services from any and all liability if I lose any state or federal benefits or access to child support because I joined the UWGI program. This means that I am promising not to sue the United Way California Capital Region, the City of Sacramento, or State of California Department of Social Services, or any employees, volunteers, funders, research partners, or independent contractors of the UWGI or any other party associated with the UWGI program if I lose any state or federal benefits by taking part in the UWGI program.

By signing below, I am giving UWGI, employees or agents of UWGI, the United Way California Capital Region and employees and agents of UWGI research partners, my express written consent to contact me for any and all reasons relating to the UWGI program. By signing below, I am also giving the UWGI program my express written consent to share my name and contact information with any of UWGI employees, affiliates, or agents, as well as any employees or agents of UWGI's research partners, solely for the purpose of allowing them to contact me for any and all reasons relating to the UWGI program.

By signing below, I am explicitly stating I understand I have the right to decide whether to participate in the research project associated with UWGI, and that I understand that deciding not to participate in the UWGI research project will in no way impact my eligibility to join the UWGI program. Further, by signing below I am explicitly stating I understand that none of the waivers above will impact this right. A copy of this waiver and consent form is as valid as an original.

By signing below, I am explicitly stating that I meet the UWGI eligibility requirements.

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print name | Signature | Date |

Want UWGI to be able to contact someone in your life in the case of an emergency? UWGI and its affiliates agree to only contact this emergency contact if they believe that an emergency in your life has taken place and they are no longer able to get ahold of you.

Emergency contact name

Emergency contact phone number or email address