

**Please use black or blue ink because it is easy to read and copies best. Please print your answers.**  
**If you need more space to answer a question(s), use page 10 "Additional Writing Space" section and attach additional sheets of paper if needed to provide the information. Please be sure to identify which question you are writing about in the extra space or on the additional sheets of paper.**

## 1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST)		OTHER NAMES (MAIDEN, NICKNAMES, ETC.)		SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS)	
HOME ADDRESS OR DIRECTIONS TO YOUR HOME				CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				CITY	STATE ZIP CODE
HOME PHONE		EMAIL ADDRESS			
WORK/ALTERNATE/MESSAGE PHONE		I want to get messages about my case by email. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you homeless? ☐ Yes ☐ No If **yes**, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)? \_\_\_\_\_  
 What language do you prefer to speak (if not English)? \_\_\_\_\_

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here ☐

Do you have a disability and need help with applying? ☐ Yes ☐ No

Are you interested in applying for Medi-Cal? If you answer **yes** the County will use your answers to find out if you can get Medi-Cal. ☐ Yes ☐ No

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less? ☐ Yes ☐ No

Is your household's combined monthly gross income and cash on hand or in checking and savings accounts is less than the combined cost of rent/mortgage and utilities? ☐ Yes ☐ No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100 and either your income stopped or you will not get more than \$25 in the next 10 days? ☐ Yes ☐ No

I understand that by signing this application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my application process will be true and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1) for the CalFresh Program.
- I read, or had read to me, the CalFresh Program Rules and Penalties (Program Rules Pages 2 through 3).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
- I understand that Social Security Numbers or immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

SIGNATURE OF APPLICANT(OR ADULT HOUSEHOLD MEMBER/ AUTHORIZED REPRESENTATIVE*/GUARDIAN)	DATE
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**\*If you have an Authorized Representative please complete question 2 on the next page.**

## 2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE

You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? ☐ Yes ☐ No

If **yes**, complete the following section:

AUTHORIZED REPRESENTATIVE NAME:	AUTHORIZED REPRESENTATIVE PHONE NUMBER:		
Do you want to name someone to receive and spend CalFresh benefits for your household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>yes</b> , complete the following section:			
NAME:	PHONE NUMBER:		
ADDRESS:	CITY	STATE	ZIP CODE

## 3. RACE/ETHNICITY

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

☐ Check this box if you do not want to give the County information about your race and ethnicity. If you do not, the County will enter this information for civil rights statistics only.

ETHNICITY	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are of Hispanic or Latino origin, do you consider yourself:		
		<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
		<input type="checkbox"/> Other _____		

### RACE/ETHNIC ORIGIN

- ☐ White ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Other or Mixed \_\_\_\_\_
- ☐ Asian (If checked, please select one or more of the following):
- ☐ Filipino ☐ Chinese ☐ Japanese ☐ Cambodian ☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Laotian
- ☐ Other Asian (specify) \_\_\_\_\_
- ☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following): ☐ Native Hawaiian
- ☐ Guamanian or Chamorro ☐ Samoan

## 4. INTERVIEW PREFERENCE

Have you or anyone will need to have an interview with the County to discuss your application and to receive CalFresh benefits. Interviews for CalFresh are usually done by phone, unless you can be interviewed when giving your application to the County in person or would prefer an in-person interview. In-person interviews will only happen during the County's normal office hours.

- ☐ Please check this box if you would prefer an in-person interview.
- ☐ Please check this box if you need other arrangements due to a disability.

Please check the boxes below for your preferred day and time for an interview:

Day: ☐ Today ☐ Next available day ☐ Any day ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Time: ☐ Early morning ☐ Mid-morning ☐ Afternoon ☐ Late afternoon ☐ Anytime

## 5. OTHER PROGRAMS

Have you or anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Medicaid, Supplemental Nutrition Assistance Program [Food Stamps], General Assistance (GA)/General Relief (GR), etc.)? ☐ Yes ☐ No

IF YES, WHO?	WHERE (COUNTY/STATE)?
IF YES, WHO?	WHERE (COUNTY/STATE)?

**6a. HOUSEHOLD'S INFORMATION**

Complete the following information for all persons in the home that you buy and prepare food with, including you. **If applying for noncitizens, please complete question 6b and 6c. If not, go to question 6d.**

Social Security number is optional for members not applying for benefits. You must answer the questions below for each person applying for benefits.

APPLYING FOR BENEFITS (✓ check Yes or No)	NAME (Last, First, Middle Initial)	How is the person related to you?	DATE OF BIRTH	GENDER (M OR F)	U.S. CITIZEN or NATIONAL (✓ check Yes or No) If no, complete question 6b below	SOCIAL SECURITY NUMBER
<input type="checkbox"/> Yes <input type="checkbox"/> No		SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list the names of anyone who lives with you that does not buy and prepare food with you:

NAME	NAME
NAME	NAME

**6b. NONCITIZEN INFORMATION** - Complete for those listed in question 6a above who are not citizens and are applying for aid.

Name	Date of Entry into U.S. (if known)	Give one of the following (if known): Passport Number, Alien Registration Number, etc.	Sponsored? (✓ check Yes or No) If yes, complete question 6c below:
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone listed above have at least 10 years (40 quarters) of work history or military service in the USA?

☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Does anyone listed above have, or have they applied for, or do they plan to apply for a T-Visa or U-Visa, VAWA petition?

☐ Yes ☐ No

If yes, who? \_\_\_\_\_

**6c. SPONSORED NONCITIZEN INFORMATION** - Complete for those listed in question 6b above who are sponsored noncitizens and are applying for aid.

Did the sponsor sign an I-864? ☐ Yes ☐ No If yes, please answer the rest of the question. If the sponsor signed an I-134 then skip this question.

Does the sponsor regularly help with money? ☐ Yes ☐ No If yes, how much? \$ \_\_\_\_\_

Does the sponsor regularly help with any of the following (check all that apply)?

☐ rent ☐ clothes ☐ food ☐ other \_\_\_\_\_

SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER
SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER

**6d. Students**

Is anyone who is applying for benefits including you attending a college or vocational school? ☐ Yes ☐ No

If **yes**, please answer this question.

If **no**, skip to the next question.

Name of Person	Name of School/Training	Enrolled Status (✓ check one)	Are They Working?
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units:_____	Average work hours per week:_____
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units:_____	Average work hours per week:_____

**6e. Is there a foster child living in your home?** ☐ Yes ☐ No If **yes**, who? \_\_\_\_\_

Please answer the following questions about the child(ren):

Was this child(ren) placed in your home under a dependence order of the court? ☐ Yes ☐ No

Do you want the foster care child(ren) counted in your CalFresh case? If **yes**, the foster care income you receive will be counted as unearned income. If **no**, the foster care income will not be counted as unearned income. ☐ Yes ☐ No

**7. Unearned Income**

Do you or anyone you buy and prepare food with get income that does not come from work (unearned)? ☐ Yes ☐ No

If **yes**, please answer this question. If **no**, skip to the next question.

Check all types of unearned income that apply from these examples (there may be others not listed here):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Social Security                              | <input type="checkbox"/> Veteran benefits, or Military pension                   | <input type="checkbox"/> Lottery/gambling winnings        |
| <input type="checkbox"/> SSI/SSP                                      | <input type="checkbox"/> Financial aid (school grants/loans/scholarships)        | <input type="checkbox"/> Help with rent/food/clothing     |
| <input type="checkbox"/> Cash aid                                     | <input type="checkbox"/> Gift of money   | <input type="checkbox"/> Insurance or legal settlements   |
| <input type="checkbox"/> CalWORKs/TANF/GA/GR/CAPI                     | <input type="checkbox"/> Unemployment Insurance/State Disability Insurance (SDI) | <input type="checkbox"/> Private disability or retirement |
| <input type="checkbox"/> Room and board (from your renter)            | <input type="checkbox"/> Worker's compensation                                   | <input type="checkbox"/> Strike benefits                  |
| <input type="checkbox"/> Pension                                      |  | <input type="checkbox"/> Other_____                       |
| <input type="checkbox"/> Child/Spousal support                        |  |   |
| <input type="checkbox"/> Government/railroad disability or retirement |  |   |

Person getting the money?	From where?	How much?	How often received? (once, weekly, monthly, or other)	Expect to continue? (✓ Check Yes or No)
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

**8. Earned income**

Do you or anyone you buy and prepare food with have income from a job (earned income)? ☐ Yes ☐ No

If **yes**, please answer this question. If **no**, skip to the question 9.

**NOTE:** If self-employed fill out question 8a.

Please list all income **before** taxes or other deductions are taken out (gross income).

Examples of earned income are (these examples can be full-time, temporary, seasonal, or training, and there may be others not listed here):

- Wages
- Commissions
- Tips
- Salaries
- Work study (students)

Person working	Employer's name and address	Employer's phone number	Hourly rate	Average hours per week	How often paid? (Once weekly, monthly, other)	Total gross earned income received this month	Expect to continue? (✓ Check Yes or No)
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? ☐ Yes ☐ No

IF YES, WHO?	DATE OF JOB LOSS, QUIT, OR CHANGE	DATE OF LAST PAY
REASON?		

Is anyone on strike? ☐ Yes ☐ No

IF YES, WHO?	DATE WENT ON STRIKE	DATE OF LAST PAY
REASON?		

**8a. Self-Employment**

Self-employed household members may deduct actual self-employment expenses or take a standard 40% deduction off of self-employment income. If you choose actual expenses, you will need to give the County proof of the expenses.

Person self-employed	Date business started	Type of business and name	Gross monthly income	Self-employment expenses (please ✓ check one)
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____

**9. Household's Child/Adult Care Expenses**

Do you or anyone you buy and prepare food with pay for the care of a child, disabled adult, or other dependent so you or the other person can go to work, school, training, or look for a job? ☐ Yes ☐ No  
If **yes**, please answer this question. If **no**, skip to the next question.

Who gets care?	Who gives care? (name and address of provider)	Amount paid?	How often paid? (weekly/monthly, other)
		\$	
		\$	
		\$	
		\$	

Does anyone help your household pay all or part of your child/adult care costs listed above? ☐ Yes ☐ No If **yes**, complete below:

Who gets care?	Who helps pay?	Amount paid?	How often paid? (weekly/monthly, other)
		\$	
		\$	

**10. Child Support Payments**

Are you or anyone you buy and prepare food with legally obligated to pay child support, including back child support? ☐ Yes ☐ No If **yes**, please answer this question. If **no**, skip to the next question.

Who pays child support?	Name of child(ren) for whom child support is paid:	Amount paid?	How often paid (weekly/monthly, other)
		\$	
		\$	

**11. Household Expenses**

Are you or anyone you buy and prepare food with responsible for any household expenses? ☐ Yes ☐ No If **yes**, please answer this question. If **no**, skip to the next question.

**NOTE:** Do not enter amounts paid by housing assistance such as HUD or Section 8. The heating and cooling, telephone, other utilities, and the homeless shelter are set allowances and you do not need to fill in the actual amount owed.

Type of Expenses	Have Expense?	Who pays?	Amount Owed	How often billed? (weekly/monthly)
Rent or house payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Property taxes and insurance (if billed separately from rent or mortgage)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Gas, electric, or other fuel used for heating or cooling, such as firewood or propane (if billed separately from rent or mortgage)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone/cell phone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Homeless Shelter Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water, sewage, garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does anyone <u>not</u> in your household help you pay for the expenses listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please complete.		Who helps pay?	How much? \$	How often paid?

Does your household receive, or expect to receive, payment from the Low Income Home Energy Assistance Program (LIHEAP)? ☐ Yes ☐ No

**12. Medical Expenses:**

Are you or anyone you buy and prepare food with an elderly (60 or older) or disabled person that has any out-of-pocket medical expenses? ☐ Yes ☐ No If **yes**, please answer this question. If **no**, skip to the next question.

**NOTE:** Do not list spouses or children receiving dependent payments for an SSI or disability and blindness recipient.  
List expenses you expect to have in the near future.

Allowable medical expenses are:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical or dental care                               | <input type="checkbox"/> Medicare premiums (Medi-Cal share of costs, etc.)                    | <input type="checkbox"/> Cost of transportation (mileage or fee) and lodging to obtain medical treatment or services |
| <input type="checkbox"/> Hospitalization/outpatient treatment/nursing care    | <input type="checkbox"/> Dentures, hearing aids and prosthetics                               | <input type="checkbox"/> Prescribed eye glasses and contact lenses   |
| <input type="checkbox"/> Prescribed medications                               | <input type="checkbox"/> Maintaining an attendant necessary due to age, illness, or infirmity | <input type="checkbox"/> Prescribed medical supplies and equipment   |
| <input type="checkbox"/> Health and Hospitalization insurance policy premiums | <input type="checkbox"/> The number and cost of meals furnished to an attendant               | <input type="checkbox"/> Service animals expenses (food, vet bills, etc.)  |
|   | <input type="checkbox"/> Prescribed over the counter medications                              |  |

Name of elderly/disabled person	Amount of expense	How often paid? (monthly, weekly, other)	What type of expense? (prescriptions, dentures, number of meals for attendant, etc.)	Will the household be reimbursed for any medical expenses? (by Medi-Cal, insurance, family member, etc.)
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$

**13. Does anyone who is applying for benefits, including you, get food from any of the following?** ☐ Yes ☐ No

If **yes**, please answer this question. If **no**, skip to the next question.

- Communal dining facility for the elderly/disabled
- Food distribution program operated by a Native American reservation
- Other food program

IF YES, WHO?	WHERE?
IF YES, WHO?	WHERE?

**14. Does anyone who is applying for benefits, including you, live at any of the following?** ☐ Yes ☐ No

If **yes**, please answer this question. If **no**, skip to the next question.

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Homeless Shelter</li><li>• Shelter for battered women</li><li>• Reservation for Native Americans</li><li>• Drug/Alcohol rehabilitation center</li><li>• Correctional facility/Penal institution (<i>Jail or Prison</i>)</li></ul> | <ul style="list-style-type: none"><li>• Group living arrangement for the blind/disabled</li><li>• Federally subsidized housing</li><li>• Psychiatric hospital/mental institution</li><li>• Hospital</li><li>• Long-Term Care or Board and Care Facility</li></ul> |
|---|---|

Person's Name	Name of Institution (center, shelter, facility, etc.)	Expected Date of Release (if applicable)

**15. Are you or anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?** ☐ Yes ☐ No

IF YES, WHO?

**16. Household's Resources**

Do you or anyone you buy and prepare food with have any resources (cash, money in the bank, Certificate of Deposit, stocks and bonds, etc.)? ☐ Yes ☐ No If **yes**, please answer this question. If **no**, skip to the next question.

Check each resource listed below:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Bank/Credit Union account (Checking) | <input type="checkbox"/> Money Market Account        | <input type="checkbox"/> Stocks       |
| <input type="checkbox"/> Bank/Credit Union account (Saving)   | <input type="checkbox"/> Mutual Funds                | <input type="checkbox"/> Bonds        |
| <input type="checkbox"/> Safe Deposit box                     | <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Savings Bond(s)                      | <input type="checkbox"/> Cash on hand                |                                       |

If joint account with another person please say so below.

For each box checked above, complete the following information.

In whose name is the resource listed?	What type of resource?	How much is it worth?	Where is the resource? (include the name of the bank or company where money is held)
		\$	
		\$	
		\$	
		\$	

Have you or anyone in your household sold, traded, given away, or transferred a resource in the last three months? ☐ Yes ☐ No

**17. Duplicate Benefits**

Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program, known as CalFresh in California) benefits in any state after September 22, 1996?

☐ Yes ☐ No

If **yes**, who? \_\_\_\_\_

**18. Trafficking Benefits**

Have you or any member of your household ever been convicted of trafficking (allowing use of or selling EBT cards to others) SNAP benefits of \$500 or more after September 22, 1996?

☐ Yes ☐ No

If **yes**, who? \_\_\_\_\_

**19. Trading Benefits for Drugs**

Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996?

☐ Yes ☐ No

If **yes**, who? \_\_\_\_\_

**20. Trading Benefits for Firearms or Explosives**

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunition, or explosives after September 22, 1996?

☐ Yes ☐ No

If **yes**, who? \_\_\_\_\_

**21. Fleeing Felon**

Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime?

☐ Yes ☐ No

If **yes**, who? \_\_\_\_\_

**22. Probation/Parole Violation**

Have you or any member of your household been found by a court of law to be in violation of probation or parole?

☐ Yes ☐ No

If **yes**, who? \_\_\_\_\_



**23. Drug Felony**

1. Have you or any member of your household, been convicted of felony possession, use, or distribution of a controlled substance (illegal drugs or certain drugs for which a doctor's prescription is required) after August 22, 1996?

☐ Yes ☐ No

- 2a. Was the conviction for any of the following?

☐ Yes ☐ No

- Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance; or cultivating, harvesting, or processing marijuana.
- Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities.

- 2b. If **no**, and the felony conviction was for possession, have you or that household member done (or will do) any of the following:

- a) Completed a government-recognized drug treatment program?

☐ Yes ☐ No

- b) Participated in a government-recognized drug treatment program?

☐ Yes ☐ No

- c) Enrolled in a government-recognized drug treatment program?

☐ Yes ☐ No

- d) Been placed on a waiting list for a government-recognized drug treatment program?

☐ Yes ☐ No

- e) Stopped the use of controlled substances and have proof that you have stopped (please attach proof or talk to your county if you have questions)?

☐ Yes ☐ No

If **yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

**Additional Writing Space**

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**Additional Writing Space**

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**DO NOT COMPLETE - COUNTY USE ONLY**

**IF THE ANSWER IS YES TO ANY OF THE QUESTIONS BELOW - EXPEDITE**

Is the household's gross income less than \$150 and cash on hand, or in checking and savings accounts \$100 or less?

☐ Yes ☐ No

Is the household's combined gross income and cash on hand or on checking and savings accounts less than the combined rent/mortgage and appropriate utility allowance?

☐ Yes ☐ No

Is the household a destitute migrant/seasonal farm worker household with liquid resources not exceeding \$100 and does not expect to receive more than \$25 in next 10 days?

☐ Yes ☐ No