



**Providing Nutritional  
Assistance to All Ages**

## Application For

# CalFresh Benefits

Follow these simple steps to apply for CalFresh benefits.

**Note:** If you have a disability or need help completing this application, please let a worker know and someone will help you.

**Step 1:** Fill out as much of this application as you can, sign on page 1, and return it to the local CalFresh office. We need at least your name, address and signature. **If you are without money for food, you may be able to get emergency CalFresh benefits in three (3) days. You need to answer all checked (✓) questions on all pages.**

**Step 2:** You will be scheduled for an interview with a CalFresh worker who will go over this application with you and will ask you more questions to complete the application process.

**Step 3:** You must bring proof of identification and income to your interview. You should bring other items as well, such as rent receipts, utility bills, or paycheck stubs. If you do not report and provide proof of expenses, no deduction from your income will be allowed for those expenses.

## Important Information for Immigrants

- You can apply for and get CalFresh benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for CalFresh benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
- You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for CalFresh benefits because of immigration status and who are not asking for CalFresh benefits.
- Using CalFresh benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

## Applying For CalFresh Benefits

# Useful Tips and Information

Please read the following—there is nothing to fill out on this page.

### WHAT WE MEAN WHEN WE SAY

To help you understand some of the words used in the application and the interview, refer to the definitions below.

**You, Anyone, Everyone** — Any and all persons who live in your home and who are applying for CalFresh benefits. When we need information about the other people in your home, we will ask you.

**Your Household** — People living in the home who buy and prepare food together and are applying for CalFresh benefits.

**CalFresh Benefits** — Benefits for low-income households to help buy food.

**CalFresh Expedited Service** — CalFresh benefits available to you within three (3) days.

**Resources** — Money you have, such as:

- Cash on hand, uncashed checks, money in checking accounts, savings accounts, or savings certificates, etc.
- Trust deeds, notes receivable, stocks or bonds, etc.

**Utilities** — Gas, electricity, heating, fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.

**Income** — Money received or expected to receive this month, such as:

- Earnings, welfare, child support, SSI or Social Security, or veterans payments
- Pension or retirement payments
- Unemployment (UIB), State Disability (SDI) or other disability
- Strike funds, payments from roomers, school grants and loans
- Cash gifts, cash winnings, or any other cash payments

**Cash Aid** — California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Assistance, or your county's local Cash Aid program [General Assistance or General Relief (GA/GR), or Cash Assistance Program for Immigrants (CAPI)].

### OTHER THINGS YOU SHOULD KNOW

- **You may wonder why we ask some of the questions. All questions are required by Federal/State law to determine your eligibility for CalFresh benefits.**
- You can apply for CalFresh benefits and cash aid at the same time and have only one interview for both, except when you apply for GA/GR as a cash aid.
- If your CalFresh benefits, Authorization Document (AD) or issuance cards are lost in the mail, you must report it before the end of the month in which you should have gotten them. But if they were stolen or destroyed, you must report your loss within ten (10) days of the incident.
- If you receive too many CalFresh benefits, you will have to pay them back and/or your benefits may be lowered or stopped. Your Social Security Number (SSN) may be used to collect the amount of benefits owed, through the courts, other collection agencies and for federal government collection action.
- Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the CalFresh Program may result in criminal or civil action or administrative claims.
- Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

### COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services  
744 P Street, MS 8-16-50  
Sacramento, CA 95814  
Phone Number: 1-800-952-5253,  
or for the hearing or speech impaired call  
1-800-952-8349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within ninety (90) days of the action and tell why you want one.

The law says that all applicants/recipients for aid, benefits or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator; or
2. Writing to or calling:  
The state's Civil Rights Bureau, M.S. 8-16-70,  
P.O. Box 944243, Sacramento, CA 94244-2430  
1-866-741-6241 (Toll Free)
3. Or for CalFresh benefits only, writing to:  
Secretary of Agriculture  
U.S. Department of Agriculture  
14th & Independence Avenue, S.W.  
Room 200A  
Administration Building  
Washington, D.C. 20250

# Application for CalFresh Benefits

## Applicant Information

- ✓ 1. Please fill out the following personal information for the person requesting CalFresh benefits.

Name (Last, First, Middle)	
Telephone Number (include area code)	
Home Address (Street , P.O Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The CalFresh office can provide an interpreter at no cost to you. Would you like an interpreter at your interview? ☐ Yes ☐ No If "Yes," what language? \_\_\_\_\_

3. To help us improve our services to you, please complete A, B, and C below. Check all that apply to you. The law says we must record your ethnic group, race, and language. If you do not complete these items, the county will do it for you. This will not affect your eligibility.

**A. ETHNICITY (Everyone must also answer B)**

Are you Hispanic or Latino? ☐ Yes ☐ No

**B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete these items, the county will do it for you. This will not affect your eligibility.**

☐ American Indian or Alaskan Native

☐ Black or African American

☐ 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 ☐ Samoan ☐ Other(*specify*) \_\_\_\_\_

☐ White

**C. PRIMARY LANGUAGE:**

☐ English ☐ Spanish ☐ Lao ☐ Tagalog ☐ American Sign

☐ Cantonese ☐ Cambodian ☐ Vietnamese ☐ Russian ☐ Other(*specify*) \_\_\_\_\_

- ✓ 4. Someone in the household is: (check more than one if applicable)

☐ Disabled

☐ Homeless

☐ Elderly (60 & older)

☐ Migrant/Seasonal Farmworker –

☐ Without money for food

Has your only income stopped? ☐ Yes ☐ No

5. Do you have a physical or mental condition that requires special help during your interview with a CalFresh worker? ☐ Yes ☐ No

- ✓ 6. How much is your rent or mortgage this month? \$ \_\_\_\_\_

- ✓ 7. How much are your utilities this month, if separate from your rent or mortgage? \$ \_\_\_\_\_

**I have been informed about getting emergency CalFresh benefits within three (3) days.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

County Use Only:

**Case Name** \_\_\_\_\_ **Case #** \_\_\_\_\_

**Application Type:** ☐ New ☐ Recert **Date received by County** \_\_\_\_\_

**Screened for Expedited Service (ES)?** ☐ Yes ☐ No **ES Eligible** ☐ Yes ☐ No

# Application for CalFresh Benefits

## Household Information

8. Complete the following information for all persons in the home, including yourself. The County will use this information to determine eligibility only.

Name (Last, First, Middle)	Social Security Number (If none, write none)	Relationship (i.e. son, wife, friend , foster child, etc.)	Circle one	Date of Birth	Do you buy and prepare food with this person? (Circle one)
1.			Male / Female		Yes / No
2.			Male / Female		Yes / No
3.			Male / Female		Yes / No
4.			Male / Female		Yes / No
5.			Male / Female		Yes / No
6.			Male / Female		Yes / No
7.			Male / Female		Yes / No
8.			Male / Female		Yes / No
9.			Male / Female		Yes / No
10.			Male / Female		Yes / No

## Income and Employment

✓ 9. Do you have or will you receive any income this month? ☐ Yes ☐ No  
List all your household income below:

Name of person who gets money	How much each month?
	\$
	\$
	\$
	\$

## Resources

✓ 10. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ \_\_\_\_\_

County Use Only:

# Application for CalFresh Benefits

## Important Information

- The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.
- The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the CalFresh Program. This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking CalFresh benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

## Signature

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application is true, correct and complete.

\_\_\_\_\_  
Signature (Adult Household Member or Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness or Interpreter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Eligibility Worker

\_\_\_\_\_  
Date