

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 yes , 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