

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.**