









## Application for Benefits

(Cor	mplete this applicat	ion and return it t	o your LC	CAL COUNTY DFCS	office.	
What A	am I Applying For: (Check all	that apply)				
	Food Stamps (Supplementa The Supplemental Nutrition A funded program that provides The program also provides nu	Il Nutrition Assistance Pro ssistance Program (SNAP), monthly benefits to low-incutrition education to families t	formerly known ome households to meet their foo	n as Food Stamps, is a federally s to help pay for the cost of food, d and nutritional needs and hat leads to less dependence on		
	Temporary Assistance for Needy Families (TANF) Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.  Grandparents Raising Grandchildren (GRG) Grandparents Raising Grandchildren (GRG) will provide additional cash payments so that children can be cared for in the homes of their grandparents. Applicants must apply for TANF to be eligible for GRG.					
0		rm refugee includes refugee		efugee households who are not el an Entrants, victims of human traff		
	Medicaid  Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families.  When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.					
		20.1				
City Pa	asedena	State	CA	Zip Code 90	1210	
What is yo	our Preferred Language?		H ir	an Interview is required, will you nterpreter? Yes ✓ or No	u need an	
Jûl First Na	MLS ame		P Middle Initial	<u>Cho</u>	ing st Name	