

## Notice to CalFresh Applicants

If you are applying for **CalFresh** (formerly known as Food Stamps) and not requesting cash aid, you can complete the application process and interview over the telephone. To complete a phone-in application contact 211

To help you complete a CalFresh application that you obtained from the internet or received from a Family Resource Center Office, we are providing the following information.

**Section A: Filing An Application**

Your date of application is the date the application is received in a Family Resource Center office. The application must include at least your name, address, and signature. You may file an application in person, by mail, by calling 2-1-1, or via the Internet electronic application which can be accessed at [www.benefitscalwin.org](http://www.benefitscalwin.org).

**We cannot issue CalFresh Benefits to you until the application forms are completed, signed and returned to the CalFresh Office, with verification and after an interview has taken place. Once the office receives your application, a County Representative will contact you to set up an interview. If you need assistance, questions regarding completing the forms, please contact ACCESS at 1-866-262-9881 or you can come in to the office to complete same day application/interview.**

On the back of this form are examples of documents or verifications which may be needed in order to complete your application. Please provide copies of verifications that apply to your household (HH).

**Section B: Completing CalFresh Enrollment Forms**

Please follow the step-by-step instructions for a successful CalFresh application:

- Step 1** – Read, complete all questions, and sign each of the required forms listed below.
- Step 2** – Gather copies of the verifications that apply to your household (examples of documentation or verifications are listed on the back.)
- Step 3** – Use the prepaid envelope provided to return required form and verifications. You may also indicate your interview preference below in **section C** – Be sure to write a phone number on the application and on section C so we can call you for any additional information needed to finish your application

Required Forms (to be returned to the office)	Documents for you to keep and review
DFA 285-A1 Application for CalFresh	FS 22 and FS 23 Applying for CalFresh Benefits and How to Report
DFA 285-A2 Statement of Facts	TEMP 2173 New Cash Aid and CalFresh Rules – Fingerprint & Photo imaging
DFA 285-A3 Rights & Responsibilities	PUB 388 EBT Brochure
16-64 HHSA Voter Registration Interest/Declination	TEMP 2214 Additional information about EBT
09-83 HHSA Good News For California Families Receiving CalFresh	PUB 13 Your Rights Under California Welfare Program
	GEN 1365 Notice of Language Services
20-46 HHSA Language Needs Determination	20-44 HHSA Civil Rights Information
	PUB 275 Family Planning

-----**-Cut along dotted line and return this section-**-----

**Section C: Interview preference**

Please indicate your interview preference below along with the best time to reach you. We will do our best to accommodate but we can't guarantee filling your request.

Link to the County website to view Family Resources Centers location and working hours <http://www.sdcounty.ca.gov/hhsa/facilities/index.html>

Print your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- I select a phone Interview      I can be reached at this phone number: (\_\_\_\_) \_\_\_\_\_
- I select an office Interview      My alternate contact number is: (\_\_\_\_) \_\_\_\_\_

Monday		Tuesday		Wednesday		Thursday		Friday	
<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM

For information regarding your application and/or status please call the county's ACCESS line at 1-800- 262-9881

If you fall into any of the following categories, please inquire with the eligibility worker about **Expedited Services**:

- ◆ Households with actual gross income less than \$150 and liquid resources of \$100 or less ; or
- ◆ Households with actual income plus liquid resources less than the shelter and utilities; or
- ◆ Migrant and seasonal workers with:
  - Liquid resources \$100 or less and in the next 10 days, \$25 or less is expected from a new income source; or
  - No income is expected from terminated source this month or next month

If you qualify for CalFresh expedited services, the office must have proof of your identity before CalFresh benefits can be issued. Send proof of your identity with your application if you are mailing or faxing the forms to the office, or bring to the office with your application.

**If you qualify and are approved for CalFresh expedited services, you may use your previous EBT card to access your benefit. Otherwise you need to come in to the office to get your card within 3 days.**

## Documents You Will Need For A CalFresh Application

Documents for Non-Financial Verifications	Documents for Financial Verifications
<p><b>IDENTITY</b> (Such as)</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Driver’s license or State Identification Card</p> <p><input type="checkbox"/> Work or School Identification Card</p> <p><input type="checkbox"/> Health Benefits Identification Card</p> <p><input type="checkbox"/> Voter Registration Card</p> <p><b>RESIDENCY</b> (Such as)</p> <p><input type="checkbox"/> Utility bills (examples: electric, gas, and/or water)</p> <p><input type="checkbox"/> Rental agreement or mortgage statement that shows your address</p> <p><input type="checkbox"/> Check Stubs showing your address</p> <p><input type="checkbox"/> CA Driver’s License</p> <p><b>IMMIGRATION STATUS</b> (Such as)</p> <p><input type="checkbox"/> Green Card (I-551), I-94, or other document provided by the United States Citizenship &amp; Immigration Services (USCIS)</p> <p><u>Note:</u> If you do not have legal permanent status, you can apply for your children who were born in the US or have legal permanent residents.</p> <p>It is also important to provide a social security number (SSN) or proof of application for SSN for all household members on the application.</p>	<p><b>EARNED INCOME</b> (If applicable, such as)</p> <p><input type="checkbox"/> Pay stubs for the last 30 days</p> <p><input type="checkbox"/> Statement from employer showing gross wages</p> <p><input type="checkbox"/> Income tax forms for self-employment</p> <p><input type="checkbox"/> Self-employment bookkeeping records</p> <p><b>UNEARNED INCOME</b> (If applicable, such as)</p> <p><input type="checkbox"/> Unemployment Insurance Benefit (UIB) or Disability Insurance Benefit (DIB) pay stubs</p> <p><input type="checkbox"/> Agency award letter showing money received, like Social Security, Supplemental Security Income (SSI), Veterans Affairs benefits (VA), child support, alimony, unemployment, and retirement.</p> <p><u>Note:</u> People receiving Supplemental Security Income (SSI/SSP) in California are not eligible for CalFresh. Other members of the household (HH) may still qualify.</p> <p><b>Deductible Expenses</b> (if applicable, such as)</p> <p><input type="checkbox"/> Housing cost such as rent or mortgage payment</p> <p><input type="checkbox"/> Utility costs such as electricity, gas, water, sewer, trash, and tel.</p> <p><input type="checkbox"/> Dependent Care or child care costs, court order child support paid to non-household members.</p> <p><input type="checkbox"/> Medical expenses over \$35.00 (or in excess of) are deductible for HH members who are age 60 or older or disabled. Example of medical expenses are: prescription drugs, cost of doctor visits, health insurance, medicare premiums, cost of dentures, hearing aids, transportation to the doctor, eye glasses etc. CalFresh Program Guide section 63-232 at <a href="http://hhsa-pg.sdcounty.ca.gov/FoodStamps/63-232_Excess_Medical_Deduction/63-232_Excess_Medical_Deduction.htm">http://hhsa-pg.sdcounty.ca.gov/FoodStamps/63-232_Excess_Medical_Deduction/63-232_Excess_Medical_Deduction.htm</a></p> <p>Verifications can be: billing statements, itemized medical receipts, prescription drugs receipts etc. <b>If you have any medical expenses, please request form DFA 285-C.</b></p>

**To check the status of your application or if you need more information on CalFresh, please contact ACCESS:**

- by dialing: 1-866-262-9881 or TDD (858) 514-6889 or
- by visiting our website at <http://www.accessbenefitsSD.com> or
- by e-mailing to ACCESS at [pubassist.HHSA@sdcounty.ca.gov](mailto:pubassist.HHSA@sdcounty.ca.gov)

**ACCESS agents are available from 8:00 am to 5:00 pm Monday through Friday**