

Full-sized versions of the sample worksheets and forms listed below can be found in your toolkit case. Print ready PDFs of the worksheets and forms are available on the toolkit CD and can be printed as needed.

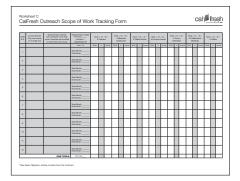
#### Worksheet A: Outreach Activity Log



#### Worksheet B: Outreach Materials Distribution Log

Event #	Date	Where were materials distributed? Forum, Event, Venue, etc.	County	# State Developed Materials	# Other Pre-Approved Materials (Rtach Copy)
1					
2					
а					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Totals					

#### Worksheet C: Scope of Work Tracking Form



1.H	County Served Only one soundy on a single row	Subscribulor Naron Sal sorbasile more Pan arce F services are probled in more Pan are sourily	Enhoritonitor Dates HYV 201 Calabar 1- Deptember 30		1/0,							./A.* plaster Resident		/0, Inveli			J D., Banna der An		Card Arm	J/Q.	///.*		U/Q.	
			Fuer-/Ta	606	4	àchail.	636	4	àrea.	alaw.	4	Anai	326	4	Artai	30W	4	àtui	acae.	4	àrai	30W	4	àtus
			End Marsh																					
2			Start Marsh Ensi Marsh																					
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11			End Month																					-
12			Start Month End Month							I 1														

## Worksheet D: Application Submission Checklist



### Worksheet E: Prescreening Form

	ah Dee		oine F				(	cal 🖉	free
CalFresh Outreach Prescreening Form								a den fe	
The questions and income as food stamps). Only your	chart belo local cou	ow can he nty can te	lp you lea il you for	m if you n sure if you	night be e u are eligi	ligible for ble.	CalFresh	(formerly	known
<ol> <li>Does anyone in your</li> </ol>	household	have a So	cial Securit	y number?					Yes/N
2) Is your household's g	ross incom	e at or bei	ow the gui	delines bek	ow7				Yes/N
3) Is there anyone in you	ar househo	kt, who is a	ige 60 or e	sider, or wh	no has a de	usbilty7			Yes/N
If you answered yes to an If you answered no, you r			ou may be	elgbie.					
Gross Monthly Income Lim October 1, 2012 - September		reah							
Evolution 1, 2012 - September	30, 2013	_							_
persons in your household:	1	2	•	4	5	6	7	•	+1*
Your gross monthly income is no more than:	\$1,211	\$1,640	\$2,069	\$2,498	\$2,927	\$3,356	\$3,785	\$4,214	\$429
* Add for each additional hour	sehold mer	nber							
Next Steps: If you are having a hard tim	ie attordin		u should	apply for	CalFreah	today at:			
Next Steps: If you are having a hard tim Agency Name:	ie attordin		ou should	apply for	CalFresh	today at:			
Next Steps: If you are having a hard tim Agency Name: Address:	e attordin	g food, y				today at:		· · · · · · · · · · · · · · · · · · ·	
Next Steps: If you are having a hard tim Agency Name: Address: City / State / 20P:	ie attordin	g food, yr				today at:			
Next Steps: If you are having a hard tim Agency Name: Address:	ie attordin	g food, yr				today at			
Next Steps: If you are having a hard tim Agency Name: Address: City / State / 20P:	ee affordin	g food, yn					IA (1-885-1	225-6452)	
Next Steps: If you are having a hard tile Agency Name: Addems: City / State / ZP: Phone Number: ( You can also call the Call'P	e aflordin	g food, ye					IA (1-660-1	225-64323,	
Next Steps: If you are having a hard tim Agancy Name	e atlordin	g food, yn	e at 1-877 colve 552 opie livity	- <b>347-3663</b> / 552P are r g in the hos	a or 1-855	9 COME	h because	the benefit	amount
Next Steps: If you are having a hard lim Agency Nerre: Address: City / Sale / 29: Phone Number ( Phone Number ( Phone Stepsoning Special P Rules Regarding Special P Stal / SSP Recipients In Co	e atlondin .) each laforn th.ca.gov. opulations Bornia, peo od. Howe P award is sourcette sourcette	g food, yn nation Lin ple who s wr, dher p 50, you m d Deablië	e at 1-877 cosive 557 sopie bire ay be eligit tes: Peop	-847-3663 / 5597 are r g in the hos. is.	a or 1-855 not eligible mehold wh	S-COME to CaPre o do not n i people w	h because icelve 551	the benefit (SSP may as are not r	amount be eligible estricted

### Worksheet F: Update Reporting Checklist



# Worksheet G: Release of Information

	cal fres
to: Califyesh Office.	
. (clent name)	
residing at ident activity	
cient shorei	. hereby authorize you to release to th
Name of agency, institution, individual provider (Cutreach)	sarber representative and agency name):
Specific information requested by this agency which I ca	nnol provide concerning.
All information related to my Callfreeth application, include	no status, pending/missing required verifications and activities.
final determination, ongoing eligibility concerns, copies of	related notices, and appointments.
The Health and Human Services Agency (HHSA) will not Outwach Partner Contact Name	
Outreach Partner Contact Name	
Outreach Partner Contact Name Outreach Partner Contact Phone:	
Outwach Partner Contact Name	* assist me as I complete the Califiesh application process.
Outreach Partner Contact Name Outreach Partner Contact Phone: Na Information is intended for the following purpose:	- autot me au I complete the Califresh application process. Hime by contacting my Califresh worker, I understand
Outwach Partner Contact Name, Outwach Partner Contact Phone This Information is intended for the following purpose: To allow the Callheach Jagency representative to sunderstand that I may revoke this subhorization at any half I may decides to complete this form an evelawing in	- autot me au I complete the Califresh application process. Hime by contacting my Califresh worker, I understand
Outwards Proteine Contend Home Outwards Proteine Contend Protect Institutionation in Mandad for the Moderskog purposes. To allow the Califranch Outwards agency representation to anderstand that I may revolve this authorization at any half I may decidies to complete this form an releasing la symmolicity.	annut me au Loomplete the California application process. Tame by contacting my California worksr. Londercland formation to the (pandy California perform agency serve and
Admitch Planner Context Norme Context Norme Context Norme Datasech Planner Context Phone Context Norme Context Norme Tablerer for Californih Collection agency representative to understands that I resp version be autoinstation at any fait I resp decides to complete this form an instanting less specification of the section of the	annut me au Loomplete the California application process. Tame by contacting my California worksr. Londercland formation to the (pandy California perform agency serve and
Obtained Planner Canada Namer Abanden Planner Canada Namer Na Jahamen Planner Canada Namer To alare Par Carlhund Obtained paraset Marine Par Carlhund Obtained Planner halt I may decide to is complete this form an interacting to parametality a stratify industry and not inspected. This form was completed to the conditional of the interaction this form was completed to the conditional of the interaction that interactional of the interaction of the interaction of the parametality industry and not inspected.	- salat me as I complete the Californih application process. Time by contacting my Californih worker. I understand formation to the puech Camest partners gave a net and the complete the application.
Obtained Planner Canada Namer Abanden Planner Canada Namer Na Jahamen Planner Canada Namer To alare Par Carlhund Obtained paraset Marine Par Carlhund Obtained Planner halt I may decide to is complete this form an interacting to parametality a stratify industry and not inspected. This form was completed to the conditional of the interaction this form was completed to the conditional of the interaction that interactional of the interaction of the interaction of the parametality industry and not inspected.	<ul> <li>axiati ma as Complete ha Callhash application process.</li> <li>Item by contacting any Callhash worker. Lunderstand formation to the specify calmant automs gave reserved formation to the specify calmant automs gave reserved process.</li> </ul>
Outward: Planner Grouter Namer Contentie Planner Grouter Namer Davissen Planner Grouter Namer Davissen Paral Grouter Namer Davissen Para Grouter Namer Schleinstein Davissen Planner Schleinstein Schleinstein Hint I mark der Schleinste Schleinstein Hint Namer Schleinster von den terspräcet. This Ramer ward erstellter Schleinstein der weiser Sprachter af registration in Schleinstein der Weissen Sprachter af registration in Schleinstein der Schleinstein Schleinstein	and m at I complete the Caffwelt application process. Ten by contenting any Caffwelt application process. Ten application of the specific Canada partner approximate process and the complete the specific Canada partner approximate Data
Cases Prive Carlies Terms Desaus Prive Carlies Three Standards Three Carlies Table to carlies to behave for the Maleing appropriate Standards Term Standards and standards and standards that in any decision to carginale this form an intensing to symmetry and standards that three an intensing to symmetry and standards and not inquired. The form was caraptive for the three and intensity of the three standards that the standards and not the symmetry of explored. The three standards and the standards and the symmetry of explored. The three standards and the standards and the symmetry of explored.	and m at I complete the Caffwelt application process. Ten by contenting any Caffwelt application process. Ten application of the specific Canada partner approximate process and the complete the specific Canada partner approximate Data

## Worksheet H: Other Local Resources

The outreach worker prepar	ed this list to I	nelp with nee	is not met by	CalFresh.	
Food					
1					
2					
3					
Clothing					
1.					
2.					
3					
Shelter					
1					
2					
3					
Crisis Counseling					
1					
2					
3					
Other					
t					
2					
3.					

### Worksheet I: Elderly/Disabled Deductions Checklist

Deductions Checklist		Centralizione
Excess Sheller Costs: Households with members who are a full amount of excess sheller costs.	içe d	and older or who have a disability can deduct the
Dependence Care Deductions: The total arrows of paid 1 roles to disclution like the integrants is recasarily to the localiza- tion of the disclution like the segment is recasarily to the local total segmentary to employment (corrected to Vietness-Care) and the parson who paid to the care are recasarily and the are one of the parson who paid to the care are recasarily and care the total of the parson who paid to the care are recasarily care to the parson who paid to the care are recasarily and care the total care to the care of the care of the care care to the care of the care total care the target of the care deduction. The care representation of the care of the care deduction and care are submitted with at least one with the deduction and care are paid as are more variable of the care deduction to the care total care of the care of the care deduction to the care total care of the care of the care deduction to the care total care of the care of the care deduction to the care total care of the care of the care deduction total care total care of the care of the care of the care deduction total care total care of the ca	id m Nork cont Sup Treat deny puse	In the case, accept or continue employment, ask (FST) requirement, or pursue education or training achitetta). Receipt a with names of the dependent should be promated find all costs are paid by at leas in the home but does not have to be in the internal Security increas (SSI) and all an allowable homamical focurity increas (SSI) and all an allowable homamical that the security of the security of the ordinabled homewhold member can deduct that both member must be 00 years or oldes, or be as that the household paid for out of pooled can be
<ul> <li>Costs of medical and dental care, including co-payment for visits</li> </ul>		Medicare premiums or Medi-Cal share of cost
Hospitalization or numing care (including hospitalization or numing care of an individual who was a household member immediately prior to enterior a hospital or numino home)	0	Dentures, hearing aids, and prosthetics Costs for obtaining/maintaining service animal including costs of food and veterinarian bits
Note: A household with a hospital bill can deduct		Reasonable transportation and lodging expenses needed to obtain medical treatment
the entire amount that is not reimbursable by any public or private insurance coverage. A hospital bill is considered a one-time medical expense.	a	Special telephone equipment for a person with disabilities
The household can either have a one-time-only deduction or have the expense averaged out over		Prescription eyeglasses and contact lenses
the remaining months of its certification period.		Attendant services performed by someone outside of the household (even if that person is a relative)
<ul> <li>Prescription medication (when prescribed) and medical supplies (such as special bandages, glucose strips, etc.)</li> </ul>		and meals provided to the "attendant" (i.e., meals for the caretaker being paid to take care of the elderly or disabled person)
Over-the-counter medication (including insulin and		Rehabilitation services
vitamina), when approved by a qualified health professional	۰	Paychotherapy
<ul> <li>Health and hospitalization insurance premiums (excluding the costs of health and accident or income maintenance policies)</li> </ul>		
<ol> <li>While this deduction applies to all households, it is included on this check eithers or disabled person who needs care.</li> </ol>	ciat to	remind workers who may be screening households that have an

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