Worksheet D:

CalFresh Outreach Application Submission Checklist

(This checklist appears on a SNAP envelope, an aid to submitting the application, available free at www.fns.usda.gov/snap)

Client Name:* _____ **Outreach Worker Name:** _____

Agency: _____ **Date:** _____

**This information is confidential. If obtained, it must be protected according to federal and state laws.*

A. Application Forms . . . . . **Completed** ____ **NA**____

Circle All That Apply

DFA 285 A1 / DFA 285 A2 / DFA 285 A3 /
SAWS 1 / SAWS 2 / SAWS 2A/ Other _____

Submitted Online Yes/No

B. Proof of Identity . . . . . **Completed** _____ **NA**____

Circle All That Apply

Birth Certificate / Driver's License / State Identification Card / Work or School Identification Card /
Health Benefits Identification Card / Voters Registration / Other _____

C. Proof of Address . . . . . **Completed** _____ **NA**____

Circle All That Apply

Utility Bills / Rental Agreement / Mortgage Statement / Other _____

D. Immigration Status . . . . . **Completed** _____ **NA**____

Immigration or Naturalization Papers (not required if you are only applying for children born in the U.S.)

E. Medical Expense Deduction . . . . . **Completed** _____ **NA**____

For households with a member age 60 or older or a member with a disability.

Circle All That Apply

Billing Statements / Itemized Medical Receipts like Prescription Drugs / Medicare Card Indicating Part "B" Coverage /
Repayment Agreement with Physician / Other _____

F. Earned Income . . . . . **Completed** _____ **NA**____

Circle All That Apply

Pay Stubs / Statement from Employer as to Gross Wages / Income Tax Forms /
Self-employment Bookkeeping records / Other _____

G. Unearned Income . . . . . **Completed** _____ **NA**____

Circle All That Apply

Bank Statements Showing Direct Deposit / Agency Letter Showing Money Received, Like Social Security,
Supplemental Security Income / Supplemental Security Payment (SSI / SSP) SSP Must Be $0 /
Veterans Affairs Benefits / Child Support / Alimony / Unemployment / Retirement

H. Other (specify) . . . . . **Completed** _____

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