CalFresh Worksheets and Forms

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.

Outreach Activity Log

Worksheet A:
CalFresh Outreach Activity Log
(Prescreen/App. Assist./QR7/SAR/Follow-up/Recertification)

FFY:___________City (Optional):_______________________________

	Confidential Information*			Enter Date for Each Service Provided						Demographic Data if Available		Date Submitted: Enter All Methods That Apply			Tracking Number
#	County Service Provided	Client First Name, Last Initial	Phone Number (Optional)	Pre-screen Date	App. Assist. Date	QR7 Date	Semi-Annual Date	Annual Recert. Date	F/U Date	Age 60 or Over	Disability Present	Mail	In Person	Online	CWD Ref. No.
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
			TOTALS												

*IDENTIFYING INFORMATION COLLECTED ON THIS FORM IS CONFIDENTIAL AND PRIVACY PROTECTION IS REQUIRED.

Outreach Worker Signature Date Agency

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Scope of Work Tracking Form

Worksheet C:
CalFresh Outreach Scope of Work Tracking Form

SUB ID #	County Served- Only one county on a single row	Subcontractor Names List contractor more than once if services are provided in more than one county	Subcontractor Dates FFY 201____ October 1- September 30	Goal _/ O_ / A_* # Partners			Goal _/ O_ / A_* # Materials Distributed			Goal _/ O_ / A_* # Tabled Events			Goal _/ O_ / A_* # Forums Hosted			Goal _/ O_ / A_* # Forum Attendees			Goal _/ O_ / A_* # Collaborative Meetings			Goal _/ O_ / A_* # Callers		
			From / To	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual
1			Start Month______ End Month ______																					
2			Start Month______ End Month ______																					
3			Start Month______ End Month ______																					
4			Start Month______ End Month ______																					
5			Start Month______ End Month ______																					
6			Start Month______ End Month ______																					
7			Start Month______ End Month ______																					
8			Start Month______ End Month ______																					
9			Start Month______ End Month ______																					
10			Start Month______ End Month ______																					
11			Start Month______ End Month ______																					
12			Start Month______ End Month ______																					
		SOW TOTALS	FFY 201___																					

*Take Goal, Objective, Activity number from the Contract.

Worksheet C:
CalFresh Outreach Scope of Work Tracking Form – *Continued*

SUB ID #	County Served- Only one county on a single row	Subcontractor Names List contractor more than once if services are provided in more than one county	Subcontractor Dates FFY 201____ October 1- September 30	Goal _/ O_ / A_* # Households Prescreened			Goal _/ O_ / A_* # Households Assisted			Goal _/ O_ / A_* # Online Application Households Assisted			Goal _/ O_ / A_* # Household Follow-Ups			Goal _/ O_ / A_* # Biannual Update Assists			Goal _/ O_ / A_* Annual Recerts.			Goal _/ O_ / A_* # Informed Households		
			From / To	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual	SOW	%	Actual
1			Start Month______ End Month ______																					
2			Start Month______ End Month ______																					
3			Start Month______ End Month ______																					
4			Start Month______ End Month ______																					
5			Start Month______ End Month ______																					
6			Start Month______ End Month ______																					
7			Start Month______ End Month ______																					
8			Start Month______ End Month ______																					
9			Start Month______ End Month ______																					
10			Start Month______ End Month ______																					
11			Start Month______ End Month ______																					
12			Start Month______ End Month ______																					
		SOW TOTALS	FFY 201___																					

*Take Goal, Objective, Activity number from the Contract.

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Outreach Materials Distribution Log

Worksheet B:
CalFresh Outreach Materials Distribution Log

Indicate the type of event, type of material, and number of copies distributed.

Date *= Date of the distribution*
Event Type & Location *=* ***Type*** *of event (for example, a* ***forum "training"****) and the* ***location*** *where the event took place (for example, an* ***elementary school****)*
County *=* ***County*** *where the event took place*
 # Attendees *=* ***#*** *of people at the event*
Brochure *=* ***B****rochure* ***E****nglish record as* ***BE****=##,* ***B****rochure* ***S****panish record as* ***BS****=##,* ***B****rochure* ***H****mong record as* ***BH****=##,* ***B****rochure* ***C****hinese record as* ***BC****=##,* ***B****rochure* ***S****enior* ***E****nglish record as* ***BSE****=##,* ***B****rochure* ***S****enior* ***S****panish record as* ***BSS****=##*
Inserts *=* ***I****nserts* ***E****nglish/****S****panish record as* ***IE/S****=##,* ***E****nglish/****H****mong record as* ***IE/H****=##,* ***E****nglish/****C****hinese record as* ***IE/C****=##*
Poster *=* ***P****oster* ***G****eneral* ***E****nglish record as* ***PGE****=##,* ***S****enior* ***E****nglish record as* ***PSE****=##*

Event #	Date	Event Type & Location *Forum, Community Meeting, Community Event, etc.*	County	# Attendees	Brochure	Inserts	Poster	Mini Flier-General	Mini Flier-Senior	Flier-General	Flier-Senior
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
		TOTALS *Please total by item type if necessary*									

Outreach Worker Signature Date Agency

Worksheet B:
CalFresh Outreach Materials Distribution Log – *Continued*

Type and number distributed. Include those developed by the contractor and approved by the Program Manager.

Refer to Event # on page 1	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy	**Other –** Describe and attach a copy
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
TOTALS										

Outreach Worker Signature Date Agency

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Application Submission Checklist

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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Prescreening Form

Worksheet E:
CalFresh Outreach Prescreening Form

calfresh

The questions and income chart below can help you learn if you might be eligible for CalFresh (formerly known as food stamps). Only your local county can tell you for sure if you are eligible.

1) Does anyone in your household have a Social Security number? .... Yes/No
2) Is your household's gross income at or below the guidelines below? .... Yes/No
3) Is there anyone in your household, who is age 60 or older, or who has a disability? .... Yes/No

If you answered **yes** to any two of the above, you may be eligible.
If you answered **no**, you may still be eligible.

Gross Monthly Income Limit for CalFresh
October 1, 2012 - September 30, 2013

If you have this many persons in your household:	1	2	3	4	5	6	7	8	+1*
Your gross monthly income is less than:	$1,211	$1,640	$2,069	$2,498	$2,927	$3,356	$3,785	$4,214	$429

** Add for each additional household member*

Next Steps:

If you are having a hard time affording food, you should apply for CalFresh today at:

Agency Name: ______________________________

Address: ______________________________

City / State / ZIP: ______________________________

Phone Number: (______) ______________________________

You can also call the CalFresh Information Line at 1-877-847-3663 or 1-888-9-COMIDA (1-888-926-6432), or go online at www.calfresh.ca.gov.

Rules Regarding Special Populations

SSI / SSP Recipients: In California, people who receive SSI / SSP are not eligible for CalFresh because the benefit amount already includes money for food. However, other people living in the household who do not receive SSI / SSP may be eligible to receive CalFresh. If the SSP award is $0, you may be eligible.

Seniors and People with Documented Disabilities: People age 60 or older and people with disabilities are not restricted to the gross income limits (above). They also may deduct certain expenses such as out-of-pocket medical costs and a higher amount of rent or mortgage costs.

Immigrants: Children of immigrants may be eligible for benefits, even if their parents do not qualify. ***Using CalFresh will not affect your immigration status or the immigration status of your family.***

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Release of Information

Worksheet G:
CalFresh Outreach Applicant's Authorization for Release of Information

calfresh

To: CalFresh Office,

I, *(client name)* ______________________________,

residing at *(client address)* ______________________________

(client phone) ______________________________ **, hereby authorize you to release to the Name of agency, institution, individual provider** *(Outreach partner representative and agency name)*:

____

Specific information requested by this agency which I cannot provide concerning:

All information related to my CalFresh application, including 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 notify:

Outreach Partner Contact Name: ______________________________

Outreach Partner Contact Phone: ______________________________

This information is intended for the following purpose:

To allow the CalFresh Outreach agency representative to assist me as I complete the CalFresh application process.

I understand that I may revoke this authorization at any time by contacting my CalFresh worker. I understand that I may decline to complete this form as releasing information to the *(specify Outreach partners agency name and representative)*: ______________________________ **is strictly voluntary and not required.**

This form was completed in its entirety and was read by me (or read to me) prior to signing.

Signature of Applicant: ____________________ Date: ____________________

Birthplace: ____________________ Birth Date: ____________________

Maiden Name of Mother: ____________________

Signature or Name of Spouse: ____________________ Date: ____________________

Birthplace of Spouse: ____________________ Birth Date of Spouse: ____________________

Maiden Name of Spouse's Mother: ____________________

abcdm 228 (eng) (6/99) (HHSA & SDHC – no substitutions permitted)

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Update Reporting Checklist

Worksheet F:
CalFresh Outreach Update Reporting Checklist

calfresh

Client First Name and Last Initial: ______________________________

Outreach Worker Name: ______________________________ Date: ______________

Please check one of the following:

- ❐ QR 7
- ❐ Semi-Annual Report (SAR)
- ❐ Annual Recertification
- ❐ Other ______________________________

Check off each item below before the client submits the required updates to the CalFresh office.

- ____ YES/NO questions are all answered
- ____ All information is complete
- ____ Required proof is attached as requested on the form
- ____ Required signatures are on the form
- ____ The form is signed and dated after the last day of the report month

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Elderly/Disabled Deductions Checklist

Worksheet I:
CalFresh Outreach Elderly/Disabled Deductions Checklist

calfresh

Excess Shelter Costs: Households with members who are age 60 and older or who have a disability can deduct the **full amount** of excess shelter costs.

Dependent Care Deduction:[1] The total amount paid in child or adult care by the eligible household member can be deducted when the expense is necessary so that household member can: accept or continue employment, seek employment, comply with Food Stamp Employment and Training (FSET) requirements, or pursue education or training that is preparatory to employment (connected to Welfare-to-Work activities). Receipts with names of the dependent and the person who paid for the care are needed, and the amount should be prorated if not all costs are paid by eligible household member. The person who receives the care must live in the home but does not have to be in the CalFresh household. For example, the cost of adult care for a Supplemental Security Income (SSI) adult is an allowable deduction. The care provider cannot be a member of the CalFresh household.

Excess Medical Expenses: A household with at least one elderly or disabled household member can deduct that member's nonreimbursed medical expenses over $35. The household member must be 60 years or older, or be disabled as defined by CalFresh regulations.[2] Only medical expenses that the household paid for out of pocket can be deducted. Expenses that are covered by Medi-Cal or other public or private medical insurance cannot be deducted. Deductible expenses include:

- ❐ Costs of medical and dental care, including co-payment for visits
- ❐ Hospitalization or nursing care (including hospitalization or nursing care of an individual who was a household member immediately prior to entering a hospital or nursing home)

  Note: A household with a hospital bill can deduct the entire amount that is not reimbursable by any public or private insurance coverage. A hospital bill is considered a one-time medical expense. The household can either have a one-time-only deduction or have the expense averaged out over the remaining months of its certification period.
- ❐ Prescription medication (when prescribed) and medical supplies (such as special bandages, glucose strips, etc.)
- ❐ Over-the-counter medication (including insulin and vitamins), when approved by a qualified health professional
- ❐ Health and hospitalization insurance premiums (excluding the costs of health and accident or income maintenance policies)
- ❐ Medicare premiums or Medi-Cal share of cost
- ❐ Dentures, hearing aids, and prosthetics
- ❐ Costs for obtaining/maintaining service animal including costs of food and veterinarian bills
- ❐ Reasonable transportation and lodging expenses needed to obtain medical treatment
- ❐ Special telephone equipment for a person with disabilities
- ❐ Prescription eyeglasses and contact lenses
- ❐ Attendant services performed by someone outside of the household (even if that person is a relative) and meals provided to the "attendant" (i.e., meals for the caretaker being paid to take care of the elderly or disabled person)
- ❐ Rehabilitation services
- ❐ Psychotherapy

1. While this deduction applies to all households, it is included on this checklist to remind workers who may be screening households that have an elderly or disabled person who needs care.
2. See http://www.dss.cahwnet.gov/Forms/English/DFA285C.PDF for definition of elderly and disabled in CalFresh regulations.

If the household has not yet paid, has not received a bill, and cannot reasonably anticipate the expense amount, the CalFresh office will not allow the deductions. If the household receives a medical bill, other than for hospital expenses, the deduction should be determined in the following ways:

Insurance Status of Elderly or Disabled Household Member	Household Deduction
Insured by Medicare, Blue Cross/Blue Shield, or other private insurance company	In excess of $35
Covered by Medi-Cal [Medicaid]	Member's share of cost or the doctor's bill, whichever is less
Uninsured	Total amount of the uninsured medical expenses that can be verified

Reminder: Title V income is not counted as income. Income received through the Senior Community Service Employment Program (Title V), such as hourly tax-free wages, reimbursement for transportation expenses, end-of-service stipends, and education awards.

Source: California Guide to Food Benefits, http://foodstampguide.org/

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Other Local Resources

Worksheet H:
CalFresh Outreach Other Local Resources

calfresh

The outreach worker prepared this list to help with needs not met by CalFresh.

Food

1. ______________________________
2. ______________________________
3. ______________________________

Clothing

1. ______________________________
2. ______________________________
3. ______________________________

Shelter

1. ______________________________
2. ______________________________
3. ______________________________

Crisis Counseling

1. ______________________________
2. ______________________________
3. ______________________________

Other

1. ______________________________
2. ______________________________
3. ______________________________

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