



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

December 22, 2014

ALL COUNTY LETTER 14-92

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL CONSORTIA REPRESENTATIVES
ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL QUALITY CONTROL COORDINATORS
ALL COUNTY CALFRESH PROGRAM SPECIALISTS

SUBJECT: REMOVAL OF THE TREATMENT OF INDIVIDUALS WITH A
PRIOR FELONY DRUG CONVICTION FROM THE APPLICATION
FOR CALFRESH BENEFITS

REFERENCES: ASSEMBLY BILL 1468, CHAPTER 26, STATUTES OF 2014; FOR
INDIVIDUALS WITH PRIOR FELONY DRUG CONVICTIONS IN
THE CALFRESH AND CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CALWORKS) PROGRAMS;
WELFARE AND INSTITUTIONS CODE SECTIONS 11251.3 AND
18901.3; APPLICATION FOR CALFRESH BENEFITS (CF 285);
ALL COUNTY WELFARE DIRECTORS LETTER, DATED JULY 1,
2014; ALL COUNTY LETTER 12-74, 12-74E, 13-75, AND 13-96;
MANUAL OF POLICIES AND PROCEDURES SECTIONS 63-
300.5(e)(11) AND (12), AND 63-402.229(a),(b), AND (c)

Assembly Bill (AB) 1468, Chapter 26, Statutes of 2014 makes those individuals convicted of any offense classified as a felony that has as an element the possession, use or distribution of a controlled substance, eligible to receive CalFresh benefits, if otherwise eligible, effective April 1, 2015. The California Department of Social Services (CDSS) and the three SAWS consortia must make the necessary changes to eliminate the drug felon questions on paper applications, online applications, and in the SAWS case management functionality by the effective date.

The purpose of this letter is to transmit the revised Application for CalFresh Benefits form (CF 285) and implementing instructions to County Welfare Departments (CWDs).

In addition, the CalFresh Program Qualifying Drug Felon Addendum (CF 26) will become obsolete as of April 1, 2015 due to the elimination of the ban on drug felons.

CalFresh Application for Benefits CF 285

The CF 285 is a "Required No Substitute Permitted" form for applicants or recipients to use when applying for CalFresh benefits only. CWDs are required to have the CF 285 readily available in all local offices (MPP Section 63-30.34). This application is also used during outreach activities and by community-based organizations (CBOs). Language pertaining to the current drug felon policy has been removed from the application by the elimination of question number 23 in its entirety. There were also some minor technical changes, such as grammatical errors, that were made to this form. Changes will become effective April 1, 2015. CWDs shall continue to screen all applications for expedited service as previously instructed in ACL 12-74 and shall also continue processing the CF 285 application as instructed in ACL 13-75.

The current CF 285 will continue to be used through March 2015. For applications received in March 2015, households with a member who is ineligible due to prior felony drug offense will disregard question 23 for prospective budgeting April 2015 forward. Effective April 1, 2015 the new CF 285 must be used in accordance with ACL 13-75 for new applications and in accordance with ACL 13-96 for recertifications.

CalFresh Program Qualifying Drug Felon Addendum CF 26

The CF 26 is a "Required No Substitutes Permitted" form that will become obsolete as of April 1, 2015. CWDs are instructed to continue to use the CF 26 as an addendum to the CF 285 application form for intake and recertification, when necessary, until the implementation date.

CalWORKs will release a separate ACL with implementation instructions to the SAWS 2 Plus application and any other forms referencing prior drug felony policy changes which become effective April 1, 2015. In addition, CalFresh and CalWORKs will collaboratively release a separate policy ACL with instructions and implementation guidelines set forth in AB 1468.

Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Copies of the current CF 285 will continue to be available for CWDs to purchase at the CDSS warehouse in both English and Spanish. Copies of the revised CF 285 will be

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posted on the CDSS webpage on April 1, 2015 and available for CWDs to purchase on January 19, 2015. CWDs can click on the Warehouse link to submit their orders for the revised CF 285 <http://www.dss.ca.gov/dsssource/ProcDisplay.asp?PR=90>.

When all translations are completed per MPP Section 21-115.2, including the Spanish form, they are posted on an on-going basis on our web site. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact number.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at: <http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions regarding this ACL, please contact your CalFresh County Consultant or the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

TODD R. BLAND
Deputy Director
Welfare to Work Division

Attachment



APPLICATION FOR CALFRESH BENEFITS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I apply?

Use this application if you are applying for CalFresh benefits only. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you wish to apply for programs other than CalFresh such as, CalWORKs or Medi-Cal, please ask for an application to apply for other programs. You can also apply for CalFresh or other programs online by going to <http://www.benefitscal.org/>. You can see if you may be eligible by going to <http://www.cdss.ca.gov/foodstamps/PG849.htm>.

- Fill out the whole application form, if you can. You must at least give the County your name, address, and signature (question 1 on page 1) to begin the application process.
- Give the application to the County in person, by mail, by fax, or online.
- The day the County receives your signed application starts the time to give you an answer on whether you can get benefits. If you are in an institution, this time starts from the day you leave.

What do I do next?

- Read about your rights and your responsibilities (Program Rules pages 1 through 3) before you sign the application.
- You must have an interview with the County to discuss your application. Most interviews are done by phone, but it can be done in person at the County office or other place arranged with the County. If you have a disability, other arrangements can be made.
- If you did not fill out all of the application, you can finish it during your interview.
- You will need to give proof of your income, expenses, and other circumstances to see if you are eligible.

How long will it take?

It may take up to 30 days to process your application. You may be able to get benefits within 3 calendar days, if:

- Your household's monthly gross income (income before deductions) is less than \$150 and your cash on hand or in checking or savings accounts is \$100 or less; or
- Your household's housing costs (rent/mortgage and utilities) are more than your monthly gross income and cash on hand or in checking or savings accounts; or
- You are a migrant or seasonal farmworker household with less than \$100 in checking or savings and 1) your income stopped, or 2) your income has started but you do not expect to get more than \$25 in the next 10 days.

To help the County see if you can get benefits in three days, please answer questions 1, 6 through 8, 11, and 16, and give the County proof of your identify (if you have it) with the application.

The County will send you a letter to let you know if your household is approved or denied CalFresh benefits.

Informational Page - Please take and keep for your records.

What do I need for my interview?

To avoid delays, bring proof of the following with you to your interview. Keep your interview even if you do not have the proof. The County may be able to help if you need help getting proof. During the interview, the County will go over the information on the application and will ask you questions to see if you can get CalFresh benefits and the amount of benefits you can get.

Proof Needed to Get Benefits

- Identification (Driver's License, State ID card, passport).
- Where you live (a rental agreement, current bill with your address listed).
- Social Security Numbers (see note below about certain noncitizens).
- Money in the bank for all the people in your household (recent bank statements).
- Earned income of everyone in your household for the past 30 days (recent pay stubs, a work statement from an employer). **NOTE:** If self-employed, income and expense or tax records.
- Unearned income (Unemployment benefits, SSI, Social Security, Veteran's benefits, child support, worker's compensation, school grants or loans, rental income, etc.).
- Lawful immigration status **ONLY** for noncitizens applying for benefits (an Alien Registration Card, visa)

NOTE: Certain noncitizens applying for immigration status based on domestic violence, crime prosecution or trafficking may not need this proof. They also may not need a Social Security Number.

Proof Needed to Get More CalFresh Benefits

- Housing costs (rent receipts, mortgage bills, property tax bill, insurance documents).
- Phone and utility costs.
- Medical expenses for anyone in your household who is elderly (60 and older) or disabled.
- Child and adult care costs due to someone working, looking for work, attending training or school, or participating in a required work activity.
- Child support paid by a person in your household.

How do I get/use my CalFresh benefits?

- The County will mail or give you a plastic Electronic Benefit Transfer (EBT) card. Benefits will be put on the card when your application is approved. Sign your card when you get it. You will set up a Personal Identification Number (PIN) to use your card.
- If your EBT card is lost, stolen, or destroyed, or you think someone may know your PIN number that you don't want to use your benefits call (877) 328-9677 or call the County right away. Make sure all responsible adults and your authorized representative also know how to report one of these problems right away. If you do not report that another person you do not want to spend your benefits has your PIN and you do not get your PIN changed, any benefits used will not be replaced.
- You can use your CalFresh benefits to buy almost all foods, as well as seeds and plants to grow your own food. You cannot buy alcohol, tobacco, pet food, some types of cooked food, or anything that is not food (like toothpaste, soap, or paper towels).
- CalFresh benefits are accepted at most grocery stores and other places that sell food. For a list of locations near you that accept EBT please go to: <https://www.ebt.ca.gov> or <https://www.snapfresh.org>.
- CalFresh benefits are only for you and your household members. Keep your benefits safe. Do not give out your PIN number. Do not keep your PIN number with your EBT card.

What if I am homeless?

Please let the County know right away if you are homeless so they can help you figure out an address to use to accept your application and get notices from the County regarding your case. For CalFresh, homeless means you are:

- A. Staying in a supervised shelter, halfway house, or similar place.
- B. Staying at the home of another person or family for no more than 90 days straight.
- C. Sleeping in a place not designed for, or normally used as, a place to sleep (e.g., a hallway, a bus station, a lobby, or similar places).

Informational Page - Please take and keep for your records.

RIGHTS AND RESPONSIBILITIES

You have a responsibility to:

- Give the County all information needed to determine your eligibility.
- Give the County proof of the information you have when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. If you don't meet your household's reporting requirements your case will be closed or your CalFresh benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other activities if the County tells you that it is required in your case.
- Fully cooperate with County, State, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
- Pay back any CalFresh benefits that you were not eligible to get.

You have the right to:

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the State at no cost if you need one.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application for CalFresh and get an explanation of the rules.
- Ask for help to get proof that is needed.
- Be treated with courtesy, consideration, and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Be interviewed in a reasonable amount of time by the County when you apply and to have your eligibility determined within 30 days.
- Get at least 10 days to give the County proof that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh benefits.
- Discuss your case with the County and to review your case when you ask to do so.
- Ask for a State hearing within 90 days if you do not agree with the County about your CalFresh case. If you ask for a hearing before an action on your CalFresh case takes place, your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier. You can ask the County to let your benefits change until after the hearing to avoid having to pay back any over paid benefits. If the Administrative Law Judge rules in your favor, the County will give back to you any benefits that were cut.
- Ask about your hearing rights or for a legal aid referral at the toll-free phone number – **1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349**. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you do not want to go alone.
- Get assistance from the County to register to vote.
- Report changes that you are not required to report, if it may increase your CalFresh benefits.
- Give proof of your household's expenses that may help you get more CalFresh benefits. Not giving proof to the County is the same as saying that you do not have that expense and you will not be able to get more CalFresh benefits.
- Let the County know if you would like someone else to use your CalFresh benefits for your household or help with your CalFresh case (Authorized Representative).

Please take and keep for your records

Program Rules and Penalties

You are committing a crime if you give false or wrong information, or do not give all the information on purpose to try to get CalFresh benefits that you are not eligible to receive, or to help someone else get benefits that they are not eligible to receive. You must pay back any benefits you get that you were not eligible to receive.

I understand that if I...	I may...
Commit an intentional program violation by doing any of the following: <ul style="list-style-type: none">hide information or make false statementsuse electronic benefit transfer (EBT) cards that belong to someone else or let someone else use my carduse CalFresh benefits to buy alcohol or tobaccotrade, sell, or give away CalFresh benefits or EBT cards	<ul style="list-style-type: none">lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to melose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to melose CalFresh benefits permanently for the third offense and be required to repay all CalFresh benefits overpaid to mebe fined up to \$250,000, imprisoned up to 20 years, or both
<ul style="list-style-type: none">trade CalFresh benefits for controlled substances, such as drugs	<ul style="list-style-type: none">lose CalFresh benefits for 24 months for the first offenselose CalFresh benefits permanently for the second offense.
<ul style="list-style-type: none">give false information about who I am and where I live so I can get extra CalFresh benefits	<ul style="list-style-type: none">lose CalFresh benefits for 10 years for each offense
<ul style="list-style-type: none">have been convicted of trading or selling CalFresh benefits worth more than \$500, or trading CalFresh benefits for firearms, ammunition, or explosives	<ul style="list-style-type: none">lose CalFresh benefits permanently

Important Information for Noncitizens

- You can apply for and get CalFresh benefits for people who are eligible, even if your family includes others who are not eligible. For example, immigrant parents may apply for CalFresh benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible.
- Getting food benefits will not affect you or your family's immigration status. Immigration information is private and confidential.
- The immigration status of noncitizens who are eligible and apply for benefits will be checked with the U.S. Citizenship and Immigration Services (USCIS). Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Opting Out

You do not have to give immigration information, Social Security numbers, or documents for any noncitizen family member(s) who are not applying for CalFresh benefits. The County will need to know their income and resource information to correctly determine your household's benefits. The County will not contact USCIS about the people who don't apply for CalFresh benefits.

Use of Social Security Numbers (SSN)

Everyone applying for CalFresh benefits needs to provide a SSN, if they have one, or proof that they have applied for a SSN (such as a letter from the Social Security Office). The County may deny CalFresh benefits for you or any member of your household who does not give us a SSN. Some people do not have to give SSN's to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.

Overissuance

This means you got more CalFresh benefits than you should have. You will have to pay it back even if the County made an error or if it wasn't on purpose. Your benefits may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Reporting

Every household that gets CalFresh benefits must report certain changes. Your County will tell you what changes to report, how to report them, and when to report them. Failure to report the changes may result in your CalFresh benefits being lowered or stopped. You can also report if things happen that may increase your benefits, such as getting less income.

Please take and keep for your records

State Hearing

You have the right to a State hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You can request a State hearing within 90 days of the County's action and you must tell why you want a hearing. The approval or denial notice you receive from the County will have information on how to request a State hearing. If you ask for a hearing before the action happens, you may be able to keep your CalFresh benefits the same until a decision is made.

Nondiscrimination

It is the State and County's policy that all people be treated equally, and with respect and dignity. In accordance with federal law and the U.S. Department of Agriculture (USDA) policy, discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disabilities is strictly prohibited.

To file a complaint of discrimination, either contact your County's Civil Rights Coordinator, or write to or call the USDA or California Department of Social Services (CDSS):

USDA, Director
Office of Civil Rights, Room 326-W
Whitten Building
1400 Independence Ave. S.W.
Washington D.C. 20250-9410
1-202-720-5964 (voice and TDD)

CDSS
Civil Rights Bureau
P.O. BOX 944243, M.S. 8-16-70
Sacramento, CA 94244-2430
1-866-741-6241 (Toll Free)

USDA is an equal opportunity employer.

Privacy Act and Disclosure

You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the information, the County may deny your application. You have a right to review, change, or correct any information that you gave to the County. The County will not show your information or give it to others unless you give them permission or federal and State law allows them to do so. The County will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will be used to monitor compliance with program regulations and for program management. The County may share this information with other federal and State agencies for official examination, law enforcement officials for the purpose of arresting persons fleeing to avoid the law, and private claims collection agencies for claims collection action. The County may verify immigration status of household members applying for benefits by contacting the USCIS. Information the County gets from these agencies may affect your eligibility and level of benefits.

Case File Reviews

Your case may be selected for additional review to ensure that your eligibility was correctly figured. You must cooperate fully with the County, State, or federal personnel in any investigation or review, including a quality control review. Failure to cooperate in these reviews could result in loss of your benefits.

Work Rules for CalFresh

The County may assign you to a work program. They will tell you if it is voluntary or if you must do the work program. If you have a mandatory work activity and you do not do it, your benefits may be lowered or stopped.

You may not be eligible for CalFresh if you have recently quit a job.

EBT Usage

Any benefit taken from your account before you, another household member, or your authorized representative report the EBT card or PIN has been lost or stolen will **not** be replaced.

Any use of your EBT card by you, a household member, your authorized representative, or anyone you voluntarily give your EBT card and PIN to will be considered approved by you and any benefits taken from your account will **not** be replaced.

If you do not report that another person you do not want to spend your benefits has your PIN and you do not get your PIN changed, any benefits used will **not** be replaced.

Please take and keep for your records

NOTES

Please use black or blue ink because it is easy to read and copies best. Please print your answers. If you need more space to answer a question(s), use page 10 "Additional Writing Space" section and attach additional sheets of paper if needed to provide the information. Please be sure to identify which question you are writing about in the extra space or on the additional sheets of paper.

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST)		OTHER NAMES (MAIDEN, NICKNAMES, ETC.)		SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS)	
HOME ADDRESS OR DIRECTIONS TO YOUR HOME			CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP CODE
HOME PHONE		EMAIL ADDRESS			
WORK/ALTERNATE/MESSAGE PHONE		I want to get messages about my case by email. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you homeless? Yes No If **yes**, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)? _____
 What language do you prefer to speak (if not English)? _____

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here

Do you have a disability and need help with applying? Yes No

Are you interested in applying for Medi-Cal? If you answer **yes** the County will use your answers to find out if you can get Medi-Cal. Yes No

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less? Yes No

Is your household's combined monthly gross income and cash on hand or in checking and savings accounts is less than the combined cost of rent/mortgage and utilities? Yes No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100 and either your income stopped or you will not get more than \$25 in the next 10 days? Yes No

I understand that by signing this application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my application process will be true and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1) for the CalFresh Program.
- I read, or had read to me, the CalFresh Program Rules and Penalties (Program Rules Pages 2 through 3).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
- I understand that Social Security Numbers or immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

SIGNATURE OF APPLICANT(OR ADULT HOUSEHOLD MEMBER/ AUTHORIZED REPRESENTATIVE*/GUARDIAN)	DATE
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***If you have an Authorized Representative please complete question 2 on the next page.**

2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE

You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? Yes No

If **yes**, complete the following section:

AUTHORIZED REPRESENTATIVE NAME:	AUTHORIZED REPRESENTATIVE PHONE NUMBER:
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Do you want to name someone to receive and spend CalFresh benefits for your household? Yes No

If **yes**, complete the following section:

NAME:	PHONE NUMBER:		
ADDRESS:	CITY	STATE	ZIP CODE

3. RACE/ETHNICITY

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

Check this box if you do not want to give the County information about your race and ethnicity. If you do not, the County will enter this information for civil rights statistics only.

ETHNICITY	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are of Hispanic or Latino origin, do you consider yourself:		
		<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
		<input type="checkbox"/> Other _____		

RACE/ETHNIC ORIGIN

- White American Indian or Alaskan Native Black or African American Other or Mixed _____
- Asian (If checked, please select one or more of the following):
- Filipino Chinese Japanese Cambodian Korean Vietnamese Asian Indian Laotian
- Other Asian (specify) _____
- Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following): Native Hawaiian
- Guamanian or Chamorro Samoan

4. INTERVIEW PREFERENCE

You or another adult member in your household will need to have an interview with the County to discuss your application and to receive CalFresh benefits. Interviews for CalFresh are usually done by phone, unless you can be interviewed when giving your application to the County in person or would prefer an in-person interview. In-person interviews will only happen during the County's normal office hours.

- Please check this box if you would prefer an in-person interview.
- Please check this box if you need other arrangements due to a disability.

Please check the boxes below for your preferred day and time for an interview:

- Day: Today Next available day Any day Monday Tuesday Wednesday Thursday Friday
- Time: Early morning Mid-morning Afternoon Late afternoon Anytime

5. OTHER PROGRAMS

Have you or anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Medicaid, Supplemental Nutrition Assistance Program [CalFresh], General Assistance (GA)/General Relief (GR), etc.)? Yes No

IF YES, WHO?	WHERE (COUNTY/STATE)?
IF YES, WHO?	WHERE (COUNTY/STATE)?

6a. HOUSEHOLD'S INFORMATION

Complete the following information for all persons in the home that you buy and prepare food with, including you. **If applying for noncitizens, please complete question 6b and 6c. If not, go to question 6d.**

Social Security number is optional for members not applying for benefits. You must answer the questions below for each person applying for benefits.

APPLYING FOR BENEFITS (✓ check Yes or No)	NAME (Last, First, Middle Initial)	How is the person related to you?	DATE OF BIRTH	GENDER (M OR F)	U.S. CITIZEN or NATIONAL (✓ check Yes or No) If no, complete question 6b below	SOCIAL SECURITY NUMBER
<input type="checkbox"/> Yes <input type="checkbox"/> No		SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list the names of anyone who lives with you that does not buy and prepare food with you:

NAME	NAME
NAME	NAME

6b. NONCITIZEN INFORMATION - Complete for those listed in question 6a above who are not citizens and are applying for aid.

Name	Date of Entry into U.S. (if known)	Give one of the following (if known): Passport Number, Alien Registration Number, etc.	Sponsored? (✓ check Yes or No) If yes, complete question 6c below:
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone listed above have at least 10 years (40 quarters) of work history or military service in the USA? Yes No

If yes, who? _____

Does anyone listed above have, or have they applied for, or do they plan to apply for a T-Visa or U-Visa, VAWA petition? Yes No

If yes, who? _____

6c. SPONSORED NONCITIZEN INFORMATION - Complete for those listed in question 6b above who are sponsored noncitizens and are applying for aid.

Did the sponsor sign an I-864? Yes No If yes, please answer the rest of the question. If the sponsor signed an I-134 then skip this question.

Does the sponsor regularly help with money? Yes No If yes, how much? \$ _____

Does the sponsor regularly help with any of the following (check all that apply)?
 rent clothes food other _____

SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER
SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER

6d. Students

Is anyone who is applying for benefits including you attending a college or vocational school? Yes No
 If **yes**, please answer this question.
 If **no**, skip to the next question.

Name of Person	Name of School/Training	Enrolled Status (✓ check one)	Are They Working?
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units: _____	Average work hours per week: _____
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units: _____	Average work hours per week: _____

6e. Is there a foster child living in your home? Yes No If **yes**, who? _____

Please answer the following questions about the child(ren):

Was this child(ren) placed in your home under a dependence order of the court? Yes No

Do you want the foster care child(ren) counted in your CalFresh case? If **yes**, the foster care income you receive will be counted as unearned income. If **no**, the foster care income will not be counted as unearned income. Yes No

7. Unearned Income

Do you or anyone you buy and prepare food with get income that does not come from work (unearned)? Yes No
 If **yes**, please answer this question. If **no**, skip to the next question.

Check all types of unearned income that apply from these examples (there may be others not listed here):

- | | | |
|---|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veteran benefits, or Military pension | <input type="checkbox"/> Lottery/gambling winnings |
| <input type="checkbox"/> SSI/SSP | <input type="checkbox"/> Financial aid (school grants/loans/scholarships) | <input type="checkbox"/> Help with rent/food/clothing |
| <input type="checkbox"/> Cash aid | <input type="checkbox"/> Gift of money | <input type="checkbox"/> Insurance or legal settlements |
| <input type="checkbox"/> CalWORKs/TANF/GA/GR/CAPI | <input type="checkbox"/> Unemployment Insurance/State Disability Insurance (SDI) | <input type="checkbox"/> Private disability or retirement |
| <input type="checkbox"/> Room and board (from your renter) | <input type="checkbox"/> Worker's compensation | <input type="checkbox"/> Strike benefits |
| <input type="checkbox"/> Pension | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Child/Spousal support | | |
| <input type="checkbox"/> Government/railroad disability or retirement | | |

Person getting the money?	From where?	How much?	How often received? (once, weekly, monthly, or other)	Expect to continue? (✓ Check Yes or No)
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

8. Earned income

Do you or anyone you buy and prepare food with have income from a job (earned income)? Yes No

If **yes**, please answer this question. If **no**, skip to the question 9.

NOTE: If self-employed fill out question 8a.

Please list all income **before** taxes or other deductions are taken out (gross income).

Examples of earned income are (these examples can be full-time, temporary, seasonal, or training, and there may be others not listed here):

- Wages
- Commissions
- Tips
- Salaries
- Work study (students)

Person working	Employer's name and address	Employer's phone number	Hourly rate	Average hours per week	How often paid? (Once weekly, monthly, other)	Total gross earned income received this month	Expect to continue? (✓ Check Yes or No)
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? Yes No

IF YES, WHO?	DATE OF JOB LOSS, QUIT, OR CHANGE	DATE OF LAST PAY
REASON?		

Is anyone on strike? Yes No

IF YES, WHO?	DATE WENT ON STRIKE	DATE OF LAST PAY
REASON?		

8a. Self-Employment

Self-employed household members may deduct actual self-employment expenses or take a standard 40% deduction off of self-employment income. If you choose actual expenses, you will need to give the County proof of the expenses.

Person self-employed	Date business started	Type of business and name	Gross monthly income	Self-employment expenses (please ✓ check one)
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____
			\$	<input type="checkbox"/> 40% flat rate <input type="checkbox"/> Actual expenses \$ _____

9. Household's Child/Adult Care Expenses

Do you or anyone you buy and prepare food with pay for the care of a child, disabled adult, or other dependent so you or the other person can go to work, school, training, or look for a job? Yes No
 If **yes**, please answer this question. If **no**, skip to the next question.

Who gets care?	Who gives care? (name and address of provider)	Amount paid?	How often paid? (weekly/monthly, other)
		\$	
		\$	
		\$	
		\$	

Does anyone help your household pay all or part of your child/adult care costs listed above? Yes No If **yes**, complete below:

Who gets care?	Who helps pay?	Amount paid?	How often paid? (weekly/monthly, other)
		\$	
		\$	

10. Child Support Payments

Are you or anyone you buy and prepare food with legally obligated to pay child support, including back child support? Yes No If **yes**, please answer this question. If **no**, skip to the next question.

Who pays child support?	Name of child(ren) for whom child support is paid:	Amount paid?	How often paid (weekly/monthly, other)
		\$	
		\$	

11. Household Expenses

Are you or anyone you buy and prepare food with responsible for any household expenses? Yes No If **yes**, please answer this question. If **no**, skip to the next question.

NOTE: Do not enter amounts paid by housing assistance such as HUD or Section 8. The heating and cooling, telephone, other utilities, and the homeless shelter are set allowances and you do not need to fill in the actual amount owed.

Type of Expenses	Have Expense?	Who pays?	Amount Owed	How often billed? (weekly/monthly)
Rent or house payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Property taxes and insurance (if billed separately from rent or mortgage)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Gas, electric, or other fuel used for heating or cooling, such as firewood or propane (if billed separately from rent or mortgage)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone/cell phone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Homeless Shelter Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water, sewage, garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does anyone <u>not</u> in your household help you pay for the expenses listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please complete.		Who helps pay?	How much? \$	How often paid?

Does your household receive, or expect to receive, payment from the Low Income Home Energy Assistance Program (LIHEAP)? Yes No

12. Medical Expenses:

Are you or anyone you buy and prepare food with an elderly (60 or older) or disabled person that has any out-of-pocket medical expenses? Yes No If **yes**, please answer this question. If **no**, skip to the next question.

NOTE: Do not list spouses or children receiving dependent payments for an SSI or disability and blindness recipient. List expenses you expect to have in the near future.

Allowable medical expenses are:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical or dental care | <input type="checkbox"/> Medicare premiums (Medi-Cal share of costs, etc.) | <input type="checkbox"/> Cost of transportation (mileage or fee) and lodging to obtain medical treatment or services |
| <input type="checkbox"/> Hospitalization/outpatient treatment/nursing care | <input type="checkbox"/> Dentures, hearing aids and prosthetics | <input type="checkbox"/> Prescribed eye glasses and contact lenses |
| <input type="checkbox"/> Prescribed medications | <input type="checkbox"/> Maintaining an attendant necessary due to age, illness, or infirmity | <input type="checkbox"/> Prescribed medical supplies and equipment |
| <input type="checkbox"/> Health and Hospitalization insurance policy premiums | <input type="checkbox"/> The number and cost of meals furnished to an attendant | <input type="checkbox"/> Service animals expenses (food, vet bills, etc.) |
| | <input type="checkbox"/> Prescribed over the counter medications | |

Name of elderly/disabled person	Amount of expense	How often paid? (monthly, weekly, other)	What type of expense? (prescriptions, dentures, number of meals for attendant, etc.)	Will the household be reimbursed for any medical expenses? (by Medi-Cal, insurance, family member, etc.)
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$
	\$			IF YES, BY WHO: HOW MUCH: \$

13. Does anyone who is applying for benefits, including you, get food from any of the following? Yes No

If **yes**, please answer this question. If **no**, skip to the next question.

- Communal dining facility for the elderly/disabled
- Food distribution program operated by a Native American reservation
- Other food program

IF YES, WHO?	WHERE?
IF YES, WHO?	WHERE?

14. Does anyone who is applying for benefits, including you, live at any of the following? Yes No

If **yes**, please answer this question. If **no**, skip to the next question.

- Homeless Shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Correctional facility/Penal institution (*Jail or Prison*)
- Group living arrangement for the blind/disabled
- Federally subsidized housing
- Psychiatric hospital/mental institution
- Hospital
- Long-Term Care or Board and Care Facility

Person's Name	Name of Institution (center, shelter, facility, etc.)	Expected Date of Release (if applicable)

15. Are you or anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability? Yes No

IF YES, WHO?

16. Household's Resources

Do you or anyone you buy and prepare food with have any resources (cash, money in the bank, Certificate of Deposit, stocks and bonds, etc.)? Yes No If **yes**, please answer this question. If **no**, skip to the next question.

Check each resource listed below:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Bank/Credit Union account (Checking) | <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Bank/Credit Union account (Saving) | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Safe Deposit box | <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Savings Bond(s) | <input type="checkbox"/> Cash on hand | |

If joint account with another person please say so below.

For each box checked above, complete the following information.

In whose name is the resource listed?	What type of resource?	How much is it worth?	Where is the resource? (include the name of the bank or company where money is held)
		\$	
		\$	
		\$	
		\$	

Have you or anyone in your household sold, traded, given away, or transferred a resource in the last three months? Yes No

17. Duplicate Benefits

Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program, known as CalFresh in California) benefits in any state after September 22, 1996?

Yes No

If **yes**, who? _____

18. Trafficking Benefits

Have you or any member of your household ever been convicted of trafficking (allowing use of or selling EBT cards to others) SNAP benefits of \$500 or more after September 22, 1996?

Yes No

If **yes**, who? _____

19. Trading Benefits for Drugs

Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996?

Yes No

If **yes**, who? _____

20. Trading Benefits for Firearms or Explosives

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunition, or explosives after September 22, 1996?

Yes No

If **yes**, who? _____

21. Fleeing Felon

Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime?

Yes No

If **yes**, who? _____

22. Probation/Parole Violation

Have you or any member of your household been found by a court of law to be in violation of probation or parole?

Yes No

If **yes**, who? _____

Additional Writing Space

Additional Writing Space

DO NOT COMPLETE - COUNTY USE ONLY

IF THE ANSWER IS YES TO ANY OF THE QUESTIONS BELOW - EXPEDITE

Is the household's gross income less than \$150 and cash on hand, or in checking and savings accounts \$100 or less?

Yes No

Is the household's combined gross income and cash on hand or on checking and savings accounts less than the combined rent/mortgage and appropriate utility allowance?

Yes No

Is the household a destitute migrant/seasonal farm worker household with liquid resources not exceeding \$100 and does not expect to receive more than \$25 in next 10 days?

Yes No