

**INITIAL APPLICATION FOR CALFRESH  CASH AID  AND/OR****MEDI-CAL/HEALTH CARE PROGRAMS **

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 food assistance (CalFresh), cash aid (California Work Opportunity and Responsibility to Kids or Refugee Cash Assistance), Medi-Cal and/or other health care programs. If you want to apply for CalFresh only, you can ask the County for the CalFresh only application. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you want to apply for health care only, you can ask the county for a health care only application. Health care includes: low-cost insurance for Medi-Cal; affordable private health insurance; or a tax credit that can help you pay your premiums for health coverage.

You can also apply for any of these programs online by going to <http://www.benefitscal.org/>.

- Fill out the whole application form if you can. You will be asked eligibility determination questions during your interview. The SAWS 2 Plus form has those questions if you want to fill out the paper form (just ask the County). You must at least give the County your name, address and signature (question 1 on page 1 of the application) to begin the process for CalFresh. For cash aid you must fill out questions 1 through 5 on pages 1 and 2 of the application and sign it to begin the application process.
- Each program has a symbol (shown at the top of this page) showing what questions pertain to what programs. For cash aid, it is a dollar sign; for CalFresh, it is a shopping cart; and for health coverage, it is an ambulance. For example, if you are not applying for cash aid, you don't need to answer questions marked only with a dollar sign.
- 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) before you sign the application.
- You must have an interview with the County to discuss your application. 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 for CalFresh. For cash aid and Medi-Cal, it may take up to 45 days. Ask the County how to get your benefits or health care right away if you have an emergency.

You may be able to get CalFresh 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 not more than \$100; or
- Your household's housing costs (rent/mortgage and utilities) are more than your monthly gross income and money in checking or savings; 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.

For cash aid, you may get immediate assistance if:

- You are homeless or have an eviction notice or notice to pay rent or move; or
- Your food will run out within three days;
- Your utilities have been or will be shut off;
- You don't have sufficient clothing or diapers;
- You have another kind of emergency important to health and safety.

**Informational Page - Please take and keep for your records.**

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To help the County see if you can get benefits faster, please complete question 1 on this form and questions 6 through 9, 15 and 24 on the SAWS 2 PLUS. Give the County proof of your identity (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 for the benefits you applied for.

### **What do I need for my interview?**

To avoid delays, bring proof of the following items 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 benefits and the amount of benefits you can get.

#### **Proof Needed to Get Benefits**

- Identification (Driver's License, State ID card, passport).
- Birth certificates for everyone applying for cash aid.
- Proof of where you live (rental agreement, current bill with your address listed).
- Social Security Numbers for everyone applying for aid (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 expenses 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 legal 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.

#### **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 and cash aid, 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 (a hallway, a bus station, a lobby, or similar places).

**Informational Page - Please take and keep for your records.**

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## RIGHTS AND RESPONSIBILITIES

### You have a responsibility to:

- Give the County all of the 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. For CalFresh and cash aid if you don't meet your household's reporting requirements your case may be closed or your 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 cash aid or 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 or help getting the proof that you need and get an explanation of the rules.
- Be treated with courtesy, consideration and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Get cash aid within one day if you qualify for Immediate Need.
- Be interviewed in a reasonable amount of time by the county when you apply and to have your eligibility determined within 30 days for CalFresh or 45 days for cash aid and Medi-Cal.
- Get at least 10 days to give proof to the County that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh or cash aid 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 case. If you ask for a hearing before an action on your case takes place, your 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 overpaid 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 numbers – **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 help from the County to register to vote.
- Report changes that you are not required to report, if it may increase your CalFresh benefits or cash aid.
- 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).
- You are also giving the Medi-Cal agency the right to pursue and get medical support from a spouse or parent. If you think that cooperating to collect medical support will harm you or your children, you can tell the Medi-Cal agency and you may not have to cooperate.

**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, cash aid, and Medi-Cal, 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. If you do this on purpose and get more than \$950 in benefits that you were not eligible for you can be charged with a felony.

### For CalFresh: I understand that if I commit an intentional program violation by doing any of the following:

- hide information or make false statements
- use electronic benefit transfer (EBT) cards that belong to someone else or let someone else use my card
- use CalFresh benefits to buy alcohol or tobacco
- trade, sell, or give away CalFresh benefits or EBT cards
- trade CalFresh benefits for controlled substances, such as drugs
- give false information about who I am and where I live so I can get extra CalFresh benefits
- have been convicted of trading or selling CalFresh benefits worth more than \$500, or trading CalFresh benefits for firearms, ammunition, or explosives

#### I may...

- lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to me
- lose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to me
- lose CalFresh benefits permanently for third offense and be required to repay all CalFresh benefits overpaid to me
- be fined up to \$250,000, imprisoned up to 20 years, or both
- lose CalFresh benefits for 24 months for the first offense
- lose CalFresh benefits permanently for the second offense.
- lose CalFresh benefits for 10 years for each offense
- lose CalFresh benefits forever

### For cash aid I understand that if I...

- am convicted of an intentional program violation
- do not follow cash aid rules
- am found guilty by a court of law or an administrative hearing of committing certain types of fraud

#### I may...

- lose my cash aid
- be fined up to \$10,000 and/or sent to jail/prison for 5 years
- lose cash aid for 6 months, 12 months, 2 years, 4 years, 5 years, or forever.

## Important Information for Noncitizens

- You can apply for and get CalFresh benefits or cash aid for people who are eligible, even if your family includes others who are not eligible. For example, immigrant parents may apply for CalFresh benefits or cash aid 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 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 benefits.

## Use of Social Security Numbers (SSN)

CalFresh and Cash Aid: Everyone applying for CalFresh benefits or cash aid needs to provide a SSN, if you have one, or proof that you have applied for a SSN (such as a letter from the Social Security office). We can deny you or any member of your household who does not give us a SSN. Some people do not have to give SSNs to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.

Health Coverage/Medi-Cal: We need your SSN if you want health coverage and have a SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting a SSN, Call 1-800-772-1213 or visit the website: [www.socialsecurity.gov](http://www.socialsecurity.gov)

## 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.

**Please take and keep for your records**

## **Overpayment**

This means that you got more cash aid than you should have gotten. Just like with CalFresh benefits, you will have to pay it back even if the County made an error or if it wasn't on purpose. Your cash aid 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 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 benefits being lowered or stopped. You can also report if things happen that may increase your benefits, such as getting less income.

## **State Hearings**

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 an appeal. If you ask for a hearing before the action happens, you may be able to keep your cash aid and CalFresh benefits the same until a decision is made.

## **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, with law enforcement officials for the purpose of arresting persons fleeing to avoid the law, and with 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.

The County will use the information from your application to check your eligibility for help with paying for health coverage. The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, the County may ask you to send proof.

## **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.  
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.

## **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.

**Please take and keep for your records**

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## Work Rules for CalWORKs (Welfare-to-Work)

If you get cash aid, you must participate in Welfare-to-Work (WTW) unless you are exempt. The county will tell you if you are exempt from WTW. If you do not do your assigned activities your cash aid may be lowered or stopped.

## CalWORKs - Fingerprinting/Photo Imaging

All eligible adult household members for cash aid must be fingerprinted/photo-imaged. If anyone who is required to cooperate with these rules does not get fingerprinted/photo-imaged, no benefits will be issued to the entire household. The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

## How do I get and use my benefits?

### CalFresh and Cash Aid:

- 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 get cash from ATMs or to buy food and/or other items.
- If your EBT card is lost, stolen, or destroyed, call (877) 328-9677 right away. Also, you may call the County right away. Make sure your authorized representative also knows how to report a lost or stolen EBT card or PIN. Any benefits taken from your account before you report the EBT card or PIN lost or stolen 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. Cash aid can be used at most stores and most ATMs. Some ATMs may charge a fee. There may also be a fee if you use an ATM to get cash after three withdrawals. For a list of locations near you that accept EBT please go to: <https://www.ebt.ca.gov> or <https://www.snapfresh.org>. You can also find out where you can get cash without paying a fee.
- CalFresh benefits are only for you and your household members. Your cash aid is only for you and the members of your family who were approved for cash aid. Your cash aid is to help meet the basic needs of your family (housing, food, clothing, etc.). Keep your benefits safe. Do not give out your PIN number. Do not keep your PIN number with your EBT card.
- 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.

### Medi-Cal and Health Care:

- For Medi-Cal, you will receive a Benefits Identification Card (BIC).
  - Sign your BIC when you get it and use it only to get necessary health care services.
  - Never throw your BIC away (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
  - Take the BIC to your medical provider when you or a family member is sick or has an appointment.
  - Take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.
- For other health care programs you will receive a health plan card from your particular carrier.

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**Please take and keep for your records**

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), attach additional sheets of paper to provide the information. Please be sure to identify which question you are writing about 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	APARTMENT #	CITY	COUNTY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APARTMENT #	CITY	COUNTY	STATE ZIP CODE
I want to get information about this application by email. <input type="checkbox"/> Yes <input type="checkbox"/> No		I want to get messages about my case by email. <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME PHONE	WORK/ALTERNATE/MESSAGE PHONE	EMAIL ADDRESS		
What programs are you applying for? <input type="checkbox"/> CalFresh <input type="checkbox"/> Cash Aid <input type="checkbox"/> Health Coverage		Do you have a disability and need help applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
 Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>				
 Is your household's gross income less than \$150 and cash on hand, checking and savings accounts of \$100 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	 Have your utilities been shut off or do you have a shut-off notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
 Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	 Will your food run out in 3 days or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
 Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100?	<input type="checkbox"/> Yes <input type="checkbox"/> No	 Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
 Do you have an eviction notice or a notice to pay rent or leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No	 Do you need essential clothing, such as diapers or clothing needed for cold weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
 Is anyone pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did she get a Presumptive Eligibility card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
 Does anyone in your household have a personal emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check box: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Immediate Medical Need <input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other emergency which threatens health or safety. Explain: _____			

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).
- I read, or had read to me, the Program Rules and Penalties (Program Rules Pages 2 - 4).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. 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 and cash aid.
- 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.
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements or other third parties.

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

DATE

SIGNATURE OF SPOUSE, OTHER PARENT, AIDED ADULT, OR REGISTERED DOMESTIC PARTNER

DATE



## 2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE

You may authorize someone 18 years of age 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
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ADDRESS	CITY,	STATE,	ZIP CODE
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### 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES

You can give a trusted person permission to talk about your application for health insurance, see your information and act for you on things about this part of your application. Do you want to choose an authorized representative for the health insurance part of your application?  Yes  No If **yes**, fill out the information in Appendix C (on the SAWS 2 PLUS).



3. Are you or any member of your family American Indian or Alaskan Native?  Yes  No

If **yes**, and applying for health care, please go to Appendix B (on the SAWS 2 PLUS) for additional questions.



### 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 OF HISPANIC, LATINO OR SPANISH ORIGIN?	IF YOU ARE OF HISPANIC OR LATINO ORIGIN, DO YOU CONSIDER YOURSELF:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 will need to have an interview with the County to discuss your application and to receive cash aid or 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. Cash aid applicants must have an in person interview. If you are applying for CalWORKs and CalFresh, your CalFresh interview will be done at the same time as your CalWORKs interview during normal office hours.

Please check this box if you would prefer an in-person interview for CalFresh.

Please check this box if you need other arrangements due to a disability.



### 5. OTHER PROGRAMS



Has anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Tribal TANF, Medicaid, Supplemental Nutrition Assistance Program [food stamps], General Assistance/General Relief, etc.)?  Yes  No

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