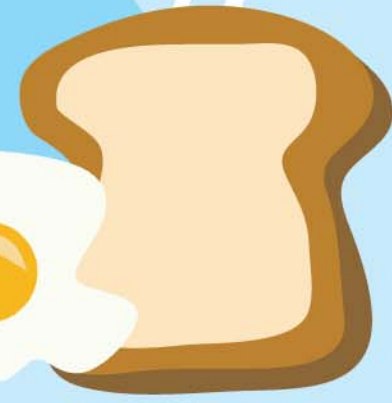


101



*Presenter – Jeannie Dam
CalFresh Program Eligibility Worker Supervisor
Outreach Connection
December 16, 2011*



The Program's Purpose

CalFresh (formerly known as Food Stamps) is a federal nutrition program which promotes the general welfare and safeguards the health and well-being of the nation's population by raising the levels of nutrition among low-income households to alleviate hunger and malnutrition.

CalFresh is now nationally known as **SNAP** or Supplemental Nutrition Assistance Program, (also formally known as Food Stamps.)

Currently, research suggests that up to 50% of San Franciscans may be eligible for CalFresh but are not receiving it.



Who is Eligible?

- Income limits determine eligibility
- People who may be working (full or part-time) still can be eligible to receive CalFresh.
- The amount you receive from CalFresh depends on the size of the household and income. *(For a two-person eligible household, CalFresh benefits average about \$200 per month.)*



Application Process

- Completing the application in-person, by mail or via web
- Participating in a face-to-face, web cam* or phone interview
- Requesting verification and determining eligibility
- ***Your personal information is confidential*** and it is not shared with other government agencies like Immigration. This is the law, so you do not need to worry about providing personal information when you apply for CalFresh.

**Participating Community Based Organization's only*



Verification Checklist



- Identification for the head of household
- Social Security Numbers
- Legal Permanent Resident Card
- Proof of the value of your assets (only when applying for Expedited Services only)
- Proof of any temporary or permanent disabilities if you have a disability (doctor's letter)
- Proof of all income received, whether earned or unearned for the past 8 weeks
- Proof of expenses (rent, utilities bill, childcare, or child support paid)
- Proof of medical expenses (if over the age of 60 or permanently deemed disabled)

Processing Time



- **Regular Processing**
 - 30 business days

- **Beginning date of aid**
 - the business day the application is received by the county

- **Emergency/Expedited Service**
 - Must be processed within 3 days after the date of application

Expedited Services (3 Days)



➤ Requirements:

- Monthly income is less than \$150 and resources less than \$100 for month of application

or

- Household combined income and resources are less than rent and utility for the month of application

Household Composition

- **A CalFresh household can be:**
 - An individual living alone
 - A group of persons living together who purchase and prepare meals together
- **Household status for:**
 - Unborn child is not a household member
 - A person receiving SSI/SSP* is not an eligible household member



**SSI/SSP = Supplemental Security Income/State Supplemental Payment*

Not A Separate Household

- Parents or step parents and their natural and adopted children under 22 years of age even when they have children of their own and/or living with their spouses
- Husband and wife
- A child under 18 years of age living under parental control, (i.e. aunt, uncle or guardian) of a Head of Household(H/H) who is not his or her parent
- Anyone living together *purchasing and preparing* food together

Residency



- A household member must be living in the county in which they apply for benefits
- Applicant or their household members can be active in only one county
- There is no durational residency requirement
- There is no requirement for permanent dwelling or fixed mailing address *

**A General Delivery address is be used for all homeless individuals.*

Student Eligibility/Requirements

Applies to any person who is 18 through 49 and enrolled at least half time in an institution of higher education and is physically and mentally fit, unless an exemption or a requirement is met.

➤ Examples of Exemptions (meet one from below)

- Age 17 or under
- Age 50 or older
- Physically or Mentally unfit for employment
- Participating in On-the-Job Training
- Enrolled less than half time
- Enrolled in a school or program that is not considered an institution of higher education

➤ Examples of Requirements (meet one from below)

- Working 20 hrs/week in paid employment (min wage)
- Approved for State/Federal Work Study
- Exerting parental control of child under 6
- Single parent enrolled full time and responsible for a child under 12
- Placed in school by a government employment /training program for low-income individuals

Non Citizen Eligibility

- All U.S. citizens may be eligible
 - Verification of US citizenship is not required unless questionable.
- Most non-citizens admitted for lawful residence may be eligible
 - Verification is required
- The noncitizens listed below are NOT eligible for CalFresh.
 - Visitors, tourists, diplomats and students who enter the U.S. temporarily with no intention of abandoning their residence in a foreign country.



Federally Qualified Non Citizens

- To receive federal CalFresh, qualified noncitizens (LPR's, etc.) must meet one of the following conditions:
- Legally have resided in the US 5 years from the date of entry (DOE)
 - Is under 18 regardless of DOE
 - Lawfully in U.S. and 65 or older as of August 22, 1996
 - Government recognized disability or blindness regardless of DOE
 - 40 Quarters of qualifying work in US
 - Deportation is being withheld
 - A refugee or asylee
 - Cuban/Haitian Entrant
 - Amerasian
 - Military Connection (including active duty, veterans, their spouse and dependent children)

Verification is required including a valid social security number.

CFAP - California Food Assistance Program

- Legal Non Citizens who do not meet any of the Federal Criteria and are otherwise eligible for CalFresh will qualify under the state-funded CFAP.
 - Generally for adults who have not yet met the federal five-year residency requirement
 - A LPR adult who has earned, or has been credited with less than 40 quarters of work
 - An adult paroled for at least one year under section 212(d)(5) of INA
 - Battered spouse, battered child or parent or child or a battered person with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3) of INA

Sponsorship Deeming for Non-Citizens

- Sponsor(s) who signed the Affidavit of Support (I-864 or I-864A) are responsible for sponsored non-citizens for life until:
 - Sponsored achieves U.S. citizenship
 - Sponsored earns 40 qualifying quarters
 - Sponsor Dies
- Sponsored individuals have the option to opt-out and apply for non-sponsored household members.
- Sponsorship deeming for CalFresh household members under CFAP only applies for 3 years from the date of entry in the US.

Exempted from Sponsorship Deeming

- Some sponsored noncitizens are exempt from CalFresh sponsorship provisions. These are:
 - A noncitizen participating in CalFresh as a member of their sponsor's household or a noncitizen whose sponsor is participating separately from the noncitizen.
 - A noncitizen who is sponsored by an organization or group
 - A noncitizen who is not required to have a sponsor under the Immigration and Nationality Act (INA)
 - Certain battered noncitizens
 - Refugees or Asylees
- Deeming does not apply to:
 - Individuals without a sponsor
 - Individuals whose sponsor did not sign an I-864 affidavit of support

Not Considered a Public Charge

- Getting Non-Assistance CalFresh **will not affect your immigration status or chances for citizenship**, you will not be deported, and it will not hurt your chances of becoming a U.S. citizen. It does not affect your family members, or others in your household.
- CalFresh benefits are non-cash assistance and do not make you dependent on the U.S. government, or what is called a “public charge.”
- Citizen or LPR children are eligible for CalFresh even if their parents are not in the US legally.
- CalFresh “Head of Household” applicants do not have to provide information about their sponsors as long as they opt out of the application.

Income



➤ Earned Income

- Wages and salaries
- Training allowances
- Self-Employment

➤ Unearned Income

- Including assistance grants (GA, CalWORKs, etc.)
- Unemployment Insurance Benefits (UIB)
- Child Support received
- Social Security Income
- Veteran Payments
- Interest earnings from bank accounts

➤ Excluded Income

- EITC Lump Sum Payment
- SSI
- Title IV Educational Grants and Loans

Deductions Allowed

➤ Housing costs

- Rent / Mortgage
- Homeowners Insurance
- Property Taxes
- Homeless Shelter Allowance

➤ Utility expenses

- Gas and/or Electric
- Water
- Garbage/Sewer
- Phone/Internet

➤ Child or Dependent Care

➤ Medical expenses (out of pocket)

- Over-the-Counter Medicine
- Medical Premiums/Co-Pays
- Transportation Costs to and from Doctor
- Medical Supplies/Equipment

Gross Monthly Income Eligibility Standard (130% of Poverty Level)

Effective: October 1, 2011—September 30, 2012

<u>Household Size*</u>	<u>Amount</u>
1	\$ 1,180
2	1,594
3	2,008
4	2,422
5	2,836
6	3,249
7	3,663
8	4,077

- Add \$414 for each additional person
- 60+ and disabled households are not subjected.

Net Monthly Income Eligibility Standard (100% of Poverty Level)

Effective: October 1, 2011—September 30, 2012

<u>Household Size*</u>	<u>Amount</u>
1	\$ 908
2	1,226
3	1,545
4	1,863
5	2,181
6	2,500
7	2,818
8	3,136

➤ Add \$319 for each additional person

Maximum CalFresh Allotment

Effective: October 1, 2011—September 30, 2012

<u>Household Size*</u>	<u>Amount</u>
1	\$ 200
2	367
3	526
4	668
5	793
6	952
7	1,052
8	1,202

➤ Add \$150 for each additional person

EBT CARD

“Golden State Advantage Card”



- Statewide, clients can access the EBT system by using a customized EBT card named the “**Golden State Advantage Card**” a plastic card that looks like a bank or credit card and allows clients to access their CalFresh.
- EBT cards functions in the same way as debit cards.
- The card is reloaded once every month based on the date based on the last digit on the case number.
- EBT cards can be used at chains or grocery stores and Farmers Markets.

CalFresh Restaurant Meals Program

- Exclusively for the elderly, disabled or homeless
- They can purchase prepared food from restaurants registered with the CalFresh Restaurant Meals Program
- Currently participating are several:
 - KFC/Taco Bell
 - Burger King
 - Subways
 - Carl Jr.'s
 - Local SF Restaurants



3 Ways You Can Help

1. Refer clients to 415-558-1001, the Food Assistance Service Center.
 - Live service in 7 languages
 - Open 8am-5pm
 - Call to get screened for CalFresh, to ask any questions or to schedule appointments.
2. Fax CalFresh applications and verification documents to 415.355.2336

benefitsSF.org

is HERE!

3. Use **benefitsSF.org** to help clients get screened for, apply for, and maintain CalFresh. You may also help clients collect their verification documents and submit them to HSA electronically, or by fax, mail or drop-off.

San Francisco Food Assistance Office Locations

➤ Visit or call us at:

- 1235 Mission Street MAIN OFFICE (between 8th & 9th ST)
- 3120 Mission Street (At Cesar Chavez)
- 1440 Harrison Street (at 10th St)

415.558.1001

➤ Mail applications and documents to:

CalFresh

San Francisco Human Services Agency

PO Box 7988

San Francisco, CA 94120-7988

➤ For electronic or fax delivery of applications and verifications send to:

- Email: benefitsSF@sfgov.org
- Fax: 415.355.2336

The logo for benefitsSF.org is centered at the top. It features the word "benefits" in blue lowercase letters on an orange rectangular background, followed by "SF" in orange uppercase letters on a blue rectangular background, and ".org" in grey lowercase letters on a white rectangular background.

benefitsSF.org

Your Online Benefits Resource



benefitsSF.org Home Page

Go to www.benefitsSF.org so you can:

- apply online for **Food Stamps, Medi-Cal and/or CalWORKs** using the “**Apply for Benefits**” feature
- find out if you are eligible by using the “[Am I Eligible?](#)” feature
- submit your **Food Stamps Quarterly Report and Annual Recertification**
- find information about other programs and local organizations such as, **School Meals, WIC, EITC and Working Families Credit**

Human Services Agency of San Francisco Department of Aging & Adult Services * Department of Human Services

HSA Home > Learn About Public Benefits (BenefitsSF)

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Learn About Public Benefits (BenefitsSF)

benefitsSF.org *Your online benefits resource*

BenefitsSF – Access to Benefits. Simplified.

- English
- 漢語
- Español

How to apply for these benefits.
Learn if you are eligible.

- CAAP
- CAAP & Immigration
- CaWORKs
- CaWORKs & Immigration
- Career Assistance
- Child Care & Immigration
- Discount Utilities & Other Benefits
- Financial Assistance
- Food Stamps
- Food Stamps & Immigration

Apply for Food Stamps or Medi-Cal online

Use Benefits CalWIN to:

- Check if you are eligible for Food Stamps or Medi-Cal
- Apply on-line
- Do Food Stamps Quarterly Report or Recertification



- In Home Supportive Services (IHSS) & Immigration
- Medi-Cal
- Public Health
- MUNI Lifeline
- School Meals
- Tax Credits
- WIC (Women, Infants & Children)
 - BenefitsSF - Chinese
 - BenefitsSF - Español

You can view this page in 3 languages.

Go here to get helpful information.

EXPLORE

- HSA Home
- Housing & Homeless Services
- Health Care Coverage
- Seniors & Adults with Disabilities
- Food Assistance
- Financial Assistance
- Family & Children Services (Child Welfare)
- Child Care
- Employment & Job Training
- Employer Services
- Contracting with HSA
- Commission & Committee Meetings
- Data, Reports and Publications
- Useful Links
- About Us

SEARCH

EMERGENCY NUMBERS

- Report Elder Abuse:**
(800) 814-0009
- Report Child Abuse:**
(800) 856-5553
- Fraud Hot Line:**
(415) 557-5771

HOW DO I?

- Apply for food stamps online?
- Get health care coverage?
- Get low-cost Muni passes?

RELATED LINKS

- Free and Reduced Price School Meals
- Free Eats Chart
- San Francisco Food
- Unemployment Insurance

BenefitsSF - Español



*Su recurso para solicitar
beneficios en el Internet*

BenefitsSF – Simple acceso a los beneficios.

English

漢語

Español

Como solicitar estos beneficios.
Averigüe si usted es elegible.

- [Programa de Asistencia para Adultos \(CAAP\)](#)
- [Programa de Asistencia para Adultos \(CAAP\) e Inmigración](#)
- [CalWORKs](#)
- [CalWORKs e Inmigración](#)
- [Concejería en su Carrera](#)
- [Cuidado de Niños e Inmigración](#)
- [Utilidades con Descuento y Otros Beneficios](#)
- [Ayuda Financiera](#)
- [Estampillas para Comida \(Food Stamps\)](#)
- [Estampillas para Comida \(Food Stamps\) e Inmigración](#)

Solicite beneficios del programa Estampillas para Comida o Medi-Cal en línea

En Benefits CalWIN usted puede:

- Ver si es elegible para el programa de Estampillas para Comida o Medi-Cal



OTHER BENEFITS

benefitsSF

Lower Your PG&E Bill

Most families who receive the Working Families Credit are also eligible for a 20% discount on their gas & electric bill.

Pacific Gas & Electric

1-866-743-2273, www.pge.com

Lower Your Home Phone Bill

If you currently receive Medi-Cal, SSI, Food Stamps, Healthy Families or WIC, you may qualify for help with up to half the cost of your basic residential phone bill through the California Lifeline Telephone Program

California Lifeline Call Center

- 1-866-272-0349 English;
- 1-866-272-0356 Spanish
- 1-866-272-0356 Cantonese/Mandarin
- 1-866-272-0355 Vietnamese
- 1-866-272-0353 Tagalog
- Hours: Mon-Fri 8AM-7PM
- www.att.com

Free & Affordable Vision Care

You may be eligible for a low-cost comprehensive eye exam and glasses from The California Vision Foundation California Vision Project: 1-800-877-5738

Human Services Agency of San Francisco
Department of Aging & Adult Services * Department of Human Services

HSA Home > Learn About Public Benefits (BenefitsSF)

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Learn About Public Benefits (BenefitsSF)



BenefitsSF – Access to Benefits. Simplified.

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- Child Care
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- Employer Services
- Contracting with HSA
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- About Us

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HOW DO I?

- Apply for food stamps online?
- Get health care coverage?
- Get low-cost Muni passes?

RELATED LINKS

- Free and Reduced Price School Meals
- Free Eats Chart
- San Francisco Food
- Unemployment Insurance





Your online resource for
Cash Aid, Nutrition, and Health Benefits

English | 中文 | Español

Contact Us

Help



Get more information:



Cash
Aid



Food &
Nutrition



Medical
Services



Required
Reporting

Welcome to Benefits CalWIN

This website is an easy way for you to learn about and apply for cash aid, food and/or medical assistance in order to stay healthy. If you are interested, click the 'Start Here' Button.

START HERE!

See what options are
available in your county





Your online resource for
Cash Aid, Nutrition, and Health Benefits

Select your County of Residence

In California, every county has a different way to apply for benefits.

Select your County to see what options are available:

[Alameda](#)

[Calaveras](#)

[El Dorado](#)

[Imperial](#)

[Lake](#)

[Marin](#)

[Modoc](#)

[Nevada](#)

[Riverside](#)

[San Diego](#)

[San Mateo](#)

[Shasta](#)

[Sonoma](#)

[Trinity](#)

[Yolo](#)

[Alpine](#)

[Colusa](#)

[Fresno](#)

[Inyo](#)

[Lassen](#)

[Mariposa](#)

[Mono](#)

[Orange](#)

[Sacramento](#)

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[Amador](#)

[Contra Costa](#)

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[Monterey](#)

[Placer](#)

[San Benito](#)

[San Joaquin](#)

[Santa Clara](#)

[Siskiyou](#)

[Sutter](#)

[Tuolumne](#)

[Butte](#)

[Del Norte](#)

[Humboldt](#)

[Kings](#)

[Madera](#)

[Merced](#)

[Napa](#)

[Plumas](#)

[San Bernardino](#)

[San Luis Obispo](#)

[Santa Cruz](#)

[Solano](#)

[Tehama](#)

[Ventura](#)





for on this website.

Read more about...

- Cash Aid for Families with Children (or pregnant women in the 3rd trimester)
[click here for more information](#)
- Refugee Cash Assistance (RCA)
[click here for more information](#)
- Food Assistance (CalFresh)
[click here for more information](#)
- QUARTERLY REPORTING
[click here for more information](#)
- Medi-Cal
[click here for more information](#)
- MID YEAR STATUS REPORT
[click here for more information](#)

Access to Benefits. Simplified.

<p>Am I Eligible? Find out if you are potentially eligible. CLICK HERE</p>	<p>Apply For Benefits One application for services provided by your county. CLICK HERE</p>
<p>Recertify and/or complete a Quarterly Report or a Mid Year Status Report CLICK HERE</p>	<p>Disaster Food Assistance During a federally declared disaster, this option will be enabled</p>

- Get Help at a Community Based Organization [click here](#)
- Create a new User ID and Password [click here](#)
- For important tips on how to use this website [click here](#)



Let's Start with "Am I Eligible?"



San Francisco County
Your online benefits resource

English | 中文 | Español

Home Benefits Contact Us Log In

for on this website.

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Am I Eligible?

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[CLICK HERE](#)

Apply For Benefits

One application for services provided by your county.

[CLICK HERE](#)

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[CLICK HERE](#)

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During a federally declared disaster, this option will be enabled

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- For important tips on how to use this website [click here](#)

3 Languages
Accommodated

Am I Eligible

Getting Started

10 Minutes

It will take about 10 minutes to complete Am I Eligible.

Things you may need

- a copy of your pay stub
- bills you pay, like rent, utilities and childcare

Your information is secure

The information you put in "Am I Eligible" is NOT seen by anyone but you.

User ID and password

We recommend that you create a User ID and password so you can save your information and return to it later. Once you create the User ID, you can exit at any time and your information will be saved. To return to your information later click Login.

*** What would you like to do?**

- Start "Am I Eligible" without creating a user ID and password
- Create a new User ID and Password

Creating a User ID and Password is recommended.

CalWORKS Rules

Special Rules for CalWORKs

Student Rules

Special Student Rules for Food Stamps

Click "Next"

Help ! Next →





San Francisco County
Your online resource for
Cash Aid, Nutrition, and Health Benefits

Home Benefits Contact Us Log In

First Name * M.I. Last Name *

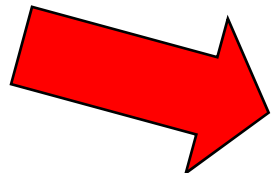
Email

User ID * Your userid should be easy to remember. Password should be 8 to 20 letters and numbers.

User Password * Confirm User Password *

Pick a category below and then choose a picture that you will remember. If you forget your password, you will be asked to pick the same picture to recover your password. *

[Animals](#) [Birds](#) [Plants](#) [San Francisco](#) [Sky](#)



Fill out your log in info. and click on "Submit" to save it.



My Benefits CalWIN Home Page

What would you like to do?

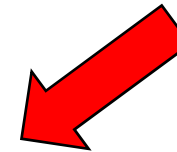
Apply for Disaster Food Stamps. [Click here](#)

Find out if you are potentially eligible for Cash Aid, Food Stamps or Medical Services. [Click here](#)

Apply for benefits, if you are not currently receiving Cash Aid, Food Stamps or Medi-Cal or CMSP. [Click here](#)

Complete a quarterly report (QR7) and/or renew your benefits for Food Stamps. [Click here](#)

Complete a Medi-Cal Mid Year Status Report (MSR) [Click here](#)



Continue working on what I started

You recently saved the following application/quarterly report (QR7) or Mid-Year Status Report (MSR) but have not yet submitted it. You may continue completing this by clicking on 'Select'.

Tracking ID	Program	Type	Save Date
-------------	---------	------	-----------

View application, Quarterly report (QR7), or Mid Year Status Report (MSR) I completed

You recently submitted the following application/quarterly report (QR7) or Mid-Year Status Report (MSR). You may view these by clicking on 'View'. You may also attach new verification documents by clicking on 'Attach'.

ONLY Cash Assistance applicants have additional questions to complete. To download the additional questions click the [SAWS2](#) link. Complete the additional questions, save the form, and attach to your application by clicking Attach next to your application. Food Stamp, Medi-CAL and/or CMSP only applicants are not required to complete the SAWS2.

Tracking ID	Program	Type	Save Date
-------------	---------	------	-----------



0%

Progress Bar

Am I Eligible

People in Your Home

Please give us information about you.

* Your Information

First Name

Giants Fan

Age

41 years old

Gender?

Male Female

Does this person receive Supplemental Security Income/ State Supplemental Payment (SSI/SSP)?

Yes No

Is this person a U.S. Citizen or Legal Permanent Resident?

Yes No

Complete the fields and click on "Next."

* People in Your Home

Is there anyone else in your home?

Yes No

[Exit](#) [Help](#) [Next](#)





28%

Am I Eligible

People in Your Home

* Permanently Disabled

A permanently disabled person is someone who receives one or more of these:

- Social Security disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency
- Medi-Cal and is under 65 years old with no children
- Has medical verification of permanent disability

Who is permanently disabled?

No one



Giants Fan

← Back

Exit ×

Help !

Next →



28%

Am I Eligible

People in Your Home


Nice work, Giants Fan !

Here is some information you told us.

If you need to change any information click the Change button.

If you need to remove a person click the Remove button.

Summary of
"People in Your Home"

Household Member	Information	Action
 Giants Fan	41 years old Does not receive SSI/SSP US Citizen or Legal Permanent Resident	Change

35%

Am I Eligible

* **Job Income**

Does anyone have a job or is self employed? (Check all that apply.)

No one



Giants

Job (paycheck)

Self Employed (Receiving cash or a check for work using your own tools and/or materials)

Process Bar
now at 35%!

* **Other Types of Income**

There are other ways that to receive money. Some common types are:

- Social Security
- Pensions
- Child support
- Veteran's benefits
- Workers Compensation
- Disability payments
- Unemployment benefits
- Interest or dividends
- Tribal per capita payments

Does anyone receive these or other types of income?

No one



Giants



42%

Am I Eligible

* Job Income

Please fill out one line for each job Giants has. Include the money Giants earns before deductions are taken out of Giants 's paycheck. Include tips, bonuses and overtime pay.



Giants

How often are you paid?

How much is your average paycheck?

Is this job ending this month or next month?

Job #1

Weekly

\$ 150

Yes No

Job #2

<click here to choose>

\$ 0

Yes No

Job #3

<click here to choose>

\$ 0

Yes No

Back Exit Help Next





San Francisco County

Your online resource for
Cash Aid, Nutrition, and Health Benefits

[Home](#) [Benefits](#) [Contact Us](#) [Log Out](#)



Am I Eligible

Resources

Resources include cash in your pocket or home, money in a bank checking and savings accounts, certificate of deposits and stocks and bonds.

* Resources

How much money do you and the people in your home have in resources? \$

[← Back](#) [Calculator](#) [Exit](#) [Help](#) [Next →](#)

[Privacy Notice](#) | Version 4.0.264.17





63%

Am I Eligible

Expenses

Giants , you are almost done! Just a few more questions.

Housing Expenses

How much money do you and the other people in your home pay for rent or mortgage, property taxes and property insurance each month? per month

- * Do you pay for gas, electricity or propane? Yes No
- * Is gas, electricity or other fuel used for heating or cooling your home? Yes No
- * Do you pay for water and sewage? Yes No
- * Do you pay for garbage? Yes No
- * Do you pay for telephone service (such as a cell phone or home phone)? Yes No

How much money do you and the other people in your home pay each month for the utilities listed above? per month

Other Expenses

How much money do you and the people in your home pay for child care or dependent care while working or looking for work? per month

How much money do you and the people in your home pay for court ordered child support? per month



San Francisco County


Your online resource for
Cash Aid, Nutrition, and Health Benefits

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91%

Here is some information you told us.

If you need to change any information click the Change button.

Household Member	Information	Action
 Giants	\$ 650.00 per month in earned income \$ 100 monthly for utilities per month \$ 400 monthly for rent or mortgage, property taxes and property insurance	Change

[← Back](#) [Exit ×](#) [Help !](#) [Next →](#)

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100%

Your results

Giants, here are your results. Remember, these are just estimates.

CalWORKS

It looks like your household does not qualify for CalWORKs. You may file an application for CalWORKs by clicking [Apply for Benefits](#)



Food Stamps

It looks like your household does not qualify for Expedited Food Stamp services.



It looks like your household may be able to get \$150 - \$170 in Food Stamps each month. The amounts are only estimates and the final amount will not be known until your application is processed. You may file an application for Food Stamps by clicking [Apply for Benefits](#)



Medi-Cal

Your household does not appear to be eligible for Medi-Cal, but you may qualify for Healthy Families. You may file for an application for Medi-Cal by clicking [Apply for Benefits](#).



Help improve this website! Please enter your comments below.

Comments

Apply For Benefits
One application
for Cash Aid,
Food Stamps or
Medi-Cal or
CMSP
[CLICK HERE](#)

Now, let's Apply For Benefits!



People

Income

Resources

Expenses

Finish

Submit

Apply for Benefits

What would you like to apply for?

CalWORKs/ Refugee Cash Assistance

Do you want to apply for [Immediate Need](#)? Yes No

Food Stamps

If you are without money for food, you may be able to get expedited Food Stamps in 3 days.

Do you want to apply for [Expedited Food Stamps](#)? Yes No

Please tell us whether or not you want to apply for Emergency Stamps.

Medi-Cal

County Medical Services Program (CMSP)

Other Programs

Please Explain

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Just 6 sections to complete.

- People
- Income
- Resources
- Expenses
- Finish
- Submit

Apply for Benefits

What would you like to apply for?

CalWORKs/ Refugee Cash Assistance
Do you want to apply for [Immediate Need](#)? Yes No

Food Stamps
If you are without money for food, you may be able to get expedited Food Stamps in 3 days.
Do you want to apply for [Expedited Food Stamps](#)? Yes No
Please tell us whether or not you want to apply for Emergency Stamps.

Medi-Cal

County Medical Services Program (CMSP)

Other Programs
Please Explain



Exit Help Next

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People

Income

Resources

Expenses

Finish

Submit

3%

Apply for Benefits

People – Your Info

These questions are about you.

* Your name

First Name

Middle Initial (optional)

Last Name

Maiden/Other Name

* Where you live

What county do you live in?

Are you homeless? Yes No

Home Address

Is your Home Address permanent? Yes No

Address Type:

- Is this address a Street Address?
- Is this address a Rural Route Address?
- Is this address a PO Box Address?
- Do you get your mail at the Post Office General Delivery?

[Clear Address](#)

* Number	<input type="text" value="1"/>	Street Predirectional	<input type="text"/>
* Street Name	<input type="text" value="McCovey Cove"/>	Street Postdirectional	<input type="text"/>
Street Type	<input type="text" value="Alley"/>	Unit #	<input type="text"/>
Unit Type	<input type="text"/>	* City	<input type="text" value="San Francisco"/>
		* State	<input type="text" value="California"/>
		* Zip Code	<input type="text" value="94102"/>

Mailing Address

Is your mailing address the same as your home address? Yes No

Exit

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- People
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- Submit

6%

Apply for Benefits

People - Your Info

Are you Hispanic or Latino? Yes No

Please select your ethnicity.

- American Indian or Alaskan Native
- Black or African American
- Asian (please select one or more of the following:)

- Filipino
- Japanese
- Korean
- Asian Indian
- Chinese
- Cambodian
- Vietnamese
- Laotian

Other Asian - Specify

Native Hawaiian or Pacific Islander (please select one or more of the following:)

- Native Hawaiian
- Samoan
- Guamanian

Other - Specify

White

Select your primary language

English

We may send you some written information in the future. What language would you prefer?

English

*** Assistance during an interview**

Would you like an interpreter?

Yes No

Do you have a physical or mental condition that requires special help for your interview?

Yes No



People Income Resources Expenses Finish Submit

9%

Apply for Benefits

*** People – Your Info**

Date of Birth
mm/dd/yyyy

Gender? Male Female

Does this person receive Supplemental Security Income/ State Supplemental Payment (SSI/SSP)? Yes No

Do you have a Social Security number? Yes No

If yes, enter Social Security Number

Are you permanently disabled? Yes No

Email addresses are important for electronic information.

Contact Information

Area Code Phone number

Contact Phone: Email address:

Alternate/Cell Phone: Alternate email address:

Message:

What is the best way to get in touch with you?

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M?



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People Income Resources Expenses Finish Submit



Apply for Benefits

* People in Your Home

You have told us about

Giants

Is there anyone else in your home? Yes No

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People Income Resources Expenses Finish Submit




Apply for Benefits

People in Your Home

Here is some information you told us.
If you need to change any information click the Change button.
If you need to remove a person click the Remove button.

The People Summary displays information of everyone in the home.

People Summary

Household Member	Information	Action
 Giants	Birth date is 10/25/1969 Does not receive SSI/SSP Does not have a Social Security Number Contact phone is (415) 555-1212 Email address is giants.fan@email.com Best way to get in touch is by phone	Change

You can go back and change information by clicking here.



People

Income

Resources

Expenses

Finish

Submit

27%

Apply for Benefits

* Keep Working or Submit

Would you like to submit your application now?

If you submit your application now there is only enough information to begin processing these applications:

- Food Stamps

You are not done. There are more questions left to answer. If you finish the entire application now it will help us process it more quickly. If you don't finish it now, you will have to answer all the questions during an interview.

Do you want to:

- Keep working on my application
- Submit my application now

Completing the application is recommended.

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33%

Apply for Benefits

Great job so far!

Remember you can skip any questions that don't have an *

People in Your Home

Here are questions about immigration status. Getting Food Stamps and Medi-Cal will NOT affect your immigration status, or the immigration status of your family.

Even if you are not a US citizen and are not a Legal Permanent Resident, you may be able to get Food Stamps for your children or other family members that are US citizens or Legal Permanent Residents.

US Citizen Information

Who is a U.S. Citizen?



Giants

Immigrant Information

Who is a Legal Permanent Resident?



Giants

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Apply for Benefits

People in Your Home

Next we will ask you about the health of the people in your household.

*** Permanently Disabled**

A permanently disabled person is someone who receives one or more of these:

- Social Security disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency
- Medi-Cal and is under 65 years old with no children

[click here](#) for more information

Who is permanently disabled?

No one



Giants

*** Health Plans**

Does anyone have health, dental, vision, hospitalization or Long Term Care Insurance Plans?

No one



Giants

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People

Income

Resources

Expenses

Finish

Submit

42%

Apply for Benefits

*** People in Your Home**

Is anyone in your household running from the law to avoid felony prosecution, custody or confinement after conviction, or in violation of probation or parole?

No one



Giants

*** People in Your Home**

Since August 22, 1996, have you or anyone in your household been convicted of a drug-related felony?

No one



Giants



- People
- Income**
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Income Apply for Benefits

Giants, you are making great progress.

*** Job Income**

Who is currently employed or self employed or is expecting to work in the next two months?

- A job is a paycheck received from an employer
- Self employment is receiving cash or a check for work using your own tools and/or materials

No one



Giants

- Job
- Self Employed

*** School or Training**

Does anyone, 16 years of age or older go to trade school, college, or a training program?

No one



Giants

*** Quit or Refused work or training**

Has anyone quit or refused work or training in the last 60 days?

No one



Giants

*** Is anyone on strike?**

No one



Giants



- People
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Apply for Benefits

Income

You told us that Giants is employed.



Giants

Giants 's Employer

Name

Address Type:

- Is this address a Street Address?
- Is this address a Rural Route Address?
- Is this address a PO Box Address?

[Clear Address](#)

Number	<input type="text" value="1"/>	Street Predirectional	<input type="text"/>
Street Name	<input type="text" value="McCovey Cove"/>	Street Postdirectional	<input type="text"/>
Street Type	<input type="text" value="Alley"/>	Unit #	<input type="text"/>
Unit Type	<input type="text"/>		

City State Zip Code

Monthly Gross Income	How many hours per month?
<input type="text" value="\$650"/>	<input type="text" value="75"/>
	per month

"Gross monthly income" is the amount of money earned before taxes and other deductions are taken out of the paycheck. Include tips, bonuses and overtime pay in the amount of money earned.

Does Giants have another job? Yes No



People

Income

Resources

Expenses

Finish

Submit

76%

Apply for Benefits

Income

You are doing great Giants !

* Other income

- Cash assistance (CalWORKS, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)
- Child/Spousal support
- Educational grants, loans and/ or scholarships
- Meals and/or room
- Other disability, retirement, survivors
- Per capita payments
- Rail Road retirement board (Disability or Retirement)
- Rental Income
- Social Security Benefits or SSI/SSP
- State Disability Income (SDI)
- Strike pay/benefits
- Training allowances
- Unemployment Benefits
- Winnings (bingo, lottery, gambling, etc)
- Workers Compensation
- Veterans Administration payments (Disability, Education, etc)
- Other

Does anyone receive income from any of the sources listed above?

No one



Giants

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People **Income** Resources Expenses Finish Submit




Apply for Benefits

Income

You are doing great Giants !
Here is some information you told us.
If you need to change any information click the Change button.

This page displays a summary of your household's income.

Income Summary

Household Member	Information	Action
 Giants	\$ 650 per month in earned income	Change

People

Income

Resources

Expenses

Finish

Submit

88%

Apply for Benefits

Expenses

You are doing a great job,
If you and your husband/wife pay bills together, only select one person.

* Housing Bills

Housing bills are rent, mortgage payments, property taxes, assessments, home insurance, temporary housing.
Who pays housing bills?

No one



Giants

* Utility Bills

Utility bills are gas, electricity, propane, water, sewage, garbage, telephone or cell phone service.
Who pays utility bills?

No one



Giants

* Room and/or Meals

Does anyone rent a room or buy meals from someone else?

No one



Giants

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Apply for Benefits

Expenses

Please give information about Giants housing bills. Skip any bills that Giants doesn't have.



Giants

Housing Bills

Housing Bills	Total Cost of bill	Amount this person pays	How often billed
Rent or house payment	\$ <input type="text" value="400"/>	\$ <input type="text" value="400"/>	Monthly <input type="button" value="v"/>
Property taxes and insurance (if separate)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	<click here to choose> <input type="button" value="v"/>
Gas, electric or other fuel used for heating or cooling	\$ <input type="text" value="100"/>	\$ <input type="text" value="100"/>	Monthly <input type="button" value="v"/>
Water, sewage, garbage	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	<click here to choose> <input type="button" value="v"/>
Telephone or cell phone service	\$ <input type="text" value="50"/>	\$ <input type="text" value="50"/>	Monthly <input type="button" value="v"/>

Expenses

You are doing great Giants !

If you and your husband/wife pay bills together, only select one person.

* Child Care or Dependent Care

Child care or dependent care is paid so someone can go to work, school, job training or to look for a job.

Who pays child care or dependent care for a person living in your home?

No one



Giants

* Child support

Who pays child support payments?

No one



Giants

* Medical Bills

Who has had medical bills in the last three months?

No one



Giants





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Apply for Benefits

Expenses

Here is some information you told us.
If you need to change any information click the Change button.

Expense Summary

Household Member	Information	Action
 Giants	\$50 monthly for telephone and/or cell phone service \$100 monthly for gas, electricity or other fuel \$400 monthly for rent or mortgage	Change

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People Income Resources Expenses Finish Submit



Apply for Benefits

Final Steps

You are almost done, Giants ! You are 4 steps away from submitting your application.

* Step 1 - Certification

IMPORTANT INFORMATION FOR PERSONS REQUESTING FOOD STAMPS

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.

The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the Food Stamp Program. This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking food stamp benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.

CERTIFICATION

- I understand the questions on this form.
- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for food stamp benefits.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

I understand



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Apply for Benefits

Final Steps
Next you will sign the application electronically.

*** Step 2 - Electronic Signature**

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this application is true, correct, and complete.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. The electronic signature should be that of an adult household member or Authorized Representative.

By checking this box and typing my name below, I am electronically signing my application.

First Name	Middle Initial (optional)	Last Name
<input type="text" value="Giants"/>	<input type="text"/>	<input type="text" value="Fan"/>

Cash Aid, Food Stamps and Medical Services.

You will need to provide documents as proof of the answers you gave.

Please provide ONE of the following from each category.

If you don't have all your documents your eligibility worker can help you get them during your interview.

<u>Category</u>	<u>Documents</u>
Identity of applicant	Birth certificate ■ driver's license ■ paycheck ■ voter registration card ■ school records ■ U.S. Passport
Residence	driver's license ■ check stub ■ rent or mortgage receipt ■ utility bill
Earned income	Dated check stubs for the last 30 days ■ statement from your employer ■ copy of last year's tax return
Other income	A current benefit check ■ copies of child support checks ■ alimony checks
Housing and Other bills	Mortgage or rent receipts ■ lease or statement from your landlord ■ property tax statement ■ utility bills
Medical bills	Only needed for household members who are aged 60 years or older or permanently disabled <ul style="list-style-type: none"> ■ billing statement ■ itemized receipts
Immigration status	Permanent Resident Card, T or U visa
Social Security Numbers	Social Security cards

Scan Documents

You can attach documents to your application. This is recommended particularly if you are applying for more than one benefit. By attaching your documents to your electronic application, your application will be processed more quickly!

Before you can attach documents you will need to scan the documents into a computer.

Important - if you haven't created a user ID and password it is recommended that you do so now to save your information, because scanning documents can take several minutes to complete.

* Step 3- Attach Scanned Documents

Would you like to:

- Attach documents to your application.
- Continue without attaching documents



Apply for Benefits

Scan Documents

You can attach documents to your application. This is recommended particularly if you are applying for more than one benefit. By attaching your documents to your electronic application, your application will be processed more quickly!

Please scan and upload your documents if you have any. Please upload your digital documents if you have any.

* File name:

Choose file

Look in: Vital Info. Screenshots

- bank statement sample.ppt
- birth certificate.ppt
- license.ppt
- Sample check stub.ppt
- SSN.ppt



Apply for Benefits

Scan Documents

You can attach documents to your application. This is recommended particularly if you are applying for more than one benefit. By attaching your documents to your electronic application, your application will be processed more quickly!

Please scan and upload your documents if you have any.

* File name:

Scan

Upload

Please upload your digital documents if you have any.

Browse...

Upload

Remove Certificate of Birth.jpg

Remove Paycheck.jpg

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Apply for Benefits

Final Steps

You will be contacted by a worker to follow up on your application for each benefit.

* Step 4 - Your Interview

The CalWORKs/RCA programs requires that you complete a face to face interview. Other programs interviews can be completed either by phone or in person. However, if CalWORKs or RCA is applied for all other programs can be completed at the same time. A Worker will contact you to schedule your interview.

What type of interview do you want?

In Person By Phone

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Apply for Benefits

Application Submitted

Giants, you are done.

Thank You

Thank you for using Benefits CalWIN. Please print a copy of this page and keep for your records.

Your tracking information is:

Reference: 000011422

Date: 5/16/2011

Time: 2:32 PM

Your application has been submitted to the following programs.

- Food Stamps



Please note: CalWorks/Refugee Cash Assistance, County Medical Service Program (CMSP), Food Stamps and Medi-Cal use the same application.

Please print a copy of each application or report for your records.

Next Steps

Food Stamps

You will get an answer about your Food Stamp application within 30 days of your filing date. Your filing date is the date you sign and submit your application before 5:00 p.m., PST, using this website. If you submit your application after 5:00 p.m. or on a weekend or holiday, your filing date is the next business day.

Your case will be assigned to a Food Stamp worker. He or she will contact you within a few days to schedule an interview. If there are additional verifications needed, your worker will let you know what to submit.

You may be entitled to a telephone interview if there is a hardship in getting to the office. Please let your worker know if it will be difficult to appear in person at the office. Otherwise, an office interview will be scheduled.

Comments

Help improve this website! Please enter your comments below.



My Benefits CalWIN Home Page

What would you like to do?

Apply for Disaster Food Stamps. [Click here](#)

Find out if you are potentially eligible for Cash Aid, Food Stamps or Medical Services. [Click here](#)

Apply for benefits, if you are not currently receiving Cash Aid, Food Stamps or Medi-Cal or CMSP. [Click here](#)

Complete a quarterly report (QR7) and/or renew your benefits for Food Stamps. [Click here](#)

Complete a Medi-Cal Mid Year Status Report (MSR) [Click here](#)

Continue working on what I started


You recently saved the following application/quarterly report (QR7) or Mid-Year Status Report (MSR) but have not yet submitted it. You may continue completing this by clicking on 'Select'.

	Tracking ID	Program	Type	Save Date

View application, Quarterly report (QR7), or Mid Year Status Report (MSR) I completed

You recently submitted the following application/quarterly report (QR7) or Mid-Year Status Report (MSR). You may view these by clicking on 'View'. You may also attach new verification documents by clicking on 'Attach'.

ONLY Cash Assistance applicants have additional questions to complete. To download the additional questions click the [SAWS2](#) link. Complete the additional questions, save the form, and attach to your application by clicking Attach next to your application. Food Stamp, Medi-CAL and/or CMSP only applicants are not required to complete the SAWS2.

	Tracking ID	Program	Type	Save Date	
 View	000011422	Food Stamps	New Application	5/16/2011	Attach



Your online benefits resource

000011422

Save your tracking number.

Application for Cash Aid, Food Stamps, and/or Medi-Cal/34-county CMSP

1. Applicant Name and Address

Name: Giants Fan

Maiden/Other Name:

Home Address: 1 McCovey Cove Alley, San Francisco, CA 94102

Mailing address: 1 McCovey Cove Alley, San Francisco, CA 94102

Is your home address permanent? Yes

2a. Are you homeless? No

b. Does anyone have a personal emergency? No

Immediate Medical Need: Pregnancy, Child Abuse

Elder Abuse: Domestic Abuse

next to your application. Food Stamp, Medi-CAL and/or CMSP only applicants are not required to complete the SAWS2.

	Tracking ID	Program	Type	Save Date	
View	000011422	Food Stamps	New Application	5/16/2011	Attach

San Francisco Program - Food Stamps

Admin

Create User

Manage Users

Create Role

Manage Roles

Process Management

Process Control

Banner Page

DFS Initial Page

DFS Thank You Page

DFS Zip Codes

DFS Income and Allotment

Food Stamps

Records Management

Intake

QR - RRR Program

MediCal

Records Management

Intake

Manager View

My Account

Primary Language

CBO

Date Range

From:

To:

First Name:

Last Name:

Tracking #:

Late Attachment

Search

Reset Fields

Maximum limit of 500 records returned.

Editing	Date Submitted	Tracking Nbr	First Name	Last Name	DOB	Language	CBO	CalWin	Case Nbr	Case Cl
	5/16/2011 2:33 PM	000011441	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I			
	5/16/2011 2:33 PM	000011443	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	P	Yes		
	5/16/2011 2:32 PM	000011422	Giants	Fan	10/25/1969	[REDACTED]	P			
	5/16/2011 2:09 PM	000011437	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I			
	5/16/2011 1:43 PM	000011438	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I			
	5/16/2011 1:31 PM	000011435	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	P			
	5/16/2011 1:13 PM	000011434	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	P			
	5/16/2011 1:08 PM	000011432	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I			
	5/16/2011 12:57 PM	000011428	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	P			
	5/16/2011 12:52 PM	000011433	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	I	Yes		

1 2 3 4 5 6 7 8 9 10 ...

Summary

- Go to www.benefitsf.org for SF services and information and to apply for CalFresh, Medi-Cal and CalWORKS online using the www.benefitscalwin.org link.
- Find if you are eligible only for CalFresh, Medi-Cal and CalWORKS using www.benefitscalwin.org.
- Submit your required periodic reporting information online using www.benefitscalwin.org
- Submit any verifications by uploading them in www.benefitscalwin.org.
- Register your CBO on <https://www.benefitscalwin.org/CBO/AuthCBORegistration.aspx> to track applications submitted from your site.

Questions and Answers

