

SOLICITUD INICIAL PARA BENEFICIOS DEL PROGRAMMA DE CALFRESH  , ASISTENCIA MONETARIA  ,
 Y/O BENEFICIOS DE MEDI-CAL/OTROS PROGRAMAS PARA EL CUIDADO DE LA SALUD 

Completar la última página de la solicitud es **opcional**. Proveyendo esta información se puede reducir la duración de su entrevista y asistir en procesando su aplicación.

5. Origen del solicitud (nombre de proveedor, CBO, etc.): _____
 opcional

6. I PERSONAS QUE SOLICITAN AYUDA:

					County Use
Nombre (Nombre, Segundo, Apellido):	Fecha De Nacimiento	Sexo	Numero de Seguro Social	Parentesco Al Solicitante	CIN#
Yo:					
Otras Personas En Casa Que Enumerados Arriba					
Nombre (Nombre, Segundo, Apellido):	Fecha De Nacimiento	Sexo	Numero de Seguro Social	Parentesco Al Solicitante	CIN#
Por Favor Aliste Todos Los Dependientes Para Impuestos No Enumerados Arriba					
Nombre (Nombre, Segundo, Apellido):	Fecha De Nacimiento	Sexo	Numero de Seguro Social	Parentesco Al Solicitante	CIN#

County use only:

C-IV case #: _____

CalHEERS case #: _____

INITIAL APPLICATION FOR CALFRESH  , CASH AID  , AND/OR
 MEDI-CAL/HEALTH CARE PROGRAMS  INFORMATION for ASSISTERS

Additional Information/Instructions:

Before you send or fax, double check:

- If this is an applications for CalFresh, did the CUSTOMER sign the SAWS1?
- If this is an application for Cash Aid, does the customer know that the program is CalWORKs, the program for families with minor children in the home?
 - CUSTOMER must sign Cash Aid/CalWORKs applications.
- Is there a good mailing address for the client?
- Is it legible-including phone numbers and SSNs?

Application forms may be faxed to **707-269-3598** or hand delivered or mailed to 929 Koster St., Eureka, CA 95501.

Application origin

Enter the name of your organization here. Application source will not change any case handling.

Helping the customer complete the SAWS1 Application

Date:	Date form completed. Should be same date form is submitted; The application date is the date the COUNTY receives the form.
Name:	First, Middle, Last. Should be the adult or head of household, not a child's name.
Mailing Address:	We need to be able to contact the customer. "None" or "Homeless" doesn't work here. General delivery may be an option for some, or a "care of" address.
Phone:	This is the number we'll call if we have questions; giving a good contact number can increase the chances of a successful application.
Register to Vote	As a public agency, Social Services provides customers voter registration information at every opportunity. This is not a required field and will not affect the application. If the customer says yes, Social Services will send a voter registration form.
Type of aid requested:	<p>CalFresh: (formerly food stamps) helps eligible low income people buy nutritious food.</p> <p>Cash Aid: This box is for CalWORKs, the program for families with minor children in the home. Anyone can apply, but only customers who are pregnant or have children in the home may be eligible.</p> <ul style="list-style-type: none"> • If an adult without children needs cash assistance, they must come to the Koster Street office. <p>Health Coverage: Everyone needs health care coverage. All applicants are evaluated for the coverage programs right for them: Medi-Cal, subsidized insurance though Covered California, and other programs.</p>
I am requesting aid for:	List all people in the home who want assistance.
All persons not listed above:	Some people in the house may not want or need aid, but their names are still required.
All tax dependents not listed above:	If the customer is claiming someone outside the home, perhaps a college student away at school, that person may be able to get health coverage also.

Eureka Call Center 877-410-8809

Monday through Friday 7:30 am to 5:30 pm, open through lunch.