

Am I Eligible? CalFresh Eligibility Checklist

✓ Must be a US citizen or a legal permanent resident

✓ Student Requirements:

- Work at least 20 hours per week, on average, OR
- Are approved for state or federal work-study money and anticipate working during the term, OR
- Are a full-time student with a child under age 12, OR
- A part-time student with a child under age 6, OR
- A part-time student with a child age 6-11 without adequate child care, OR
- Are receiving CalWORKs, OR
- Are enrolled in CalFresh employment and training or another job training program accepted by CalFresh, OR
- Do not plan to register for the next school term.



✓ **Income Limits:** Monthly gross income (before deductions) must be the same or below the amount listed in the chart below for the household size:

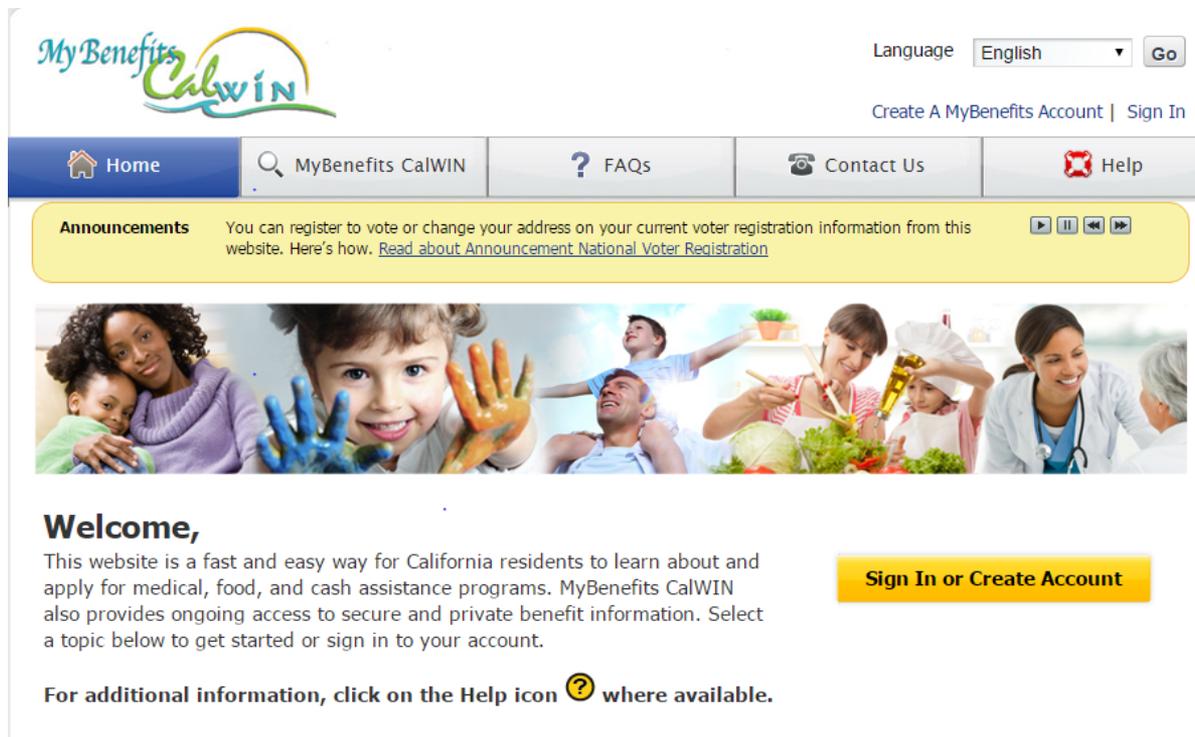
Family Size	1	2	3	4	5	6	7	8	9	10
Income Limit	\$2010	\$2708	\$3404	\$4100	\$4798	\$5494	\$6190	\$6888	\$7586	\$8284

Documents required to apply

1. Proof of residence (lease, copy of bills)
2. Work Study Certification Letter
*** (you may be asked to submit your work study pay stubs depending on the case worker that is assigned to you)
3. Class schedule

Apply today! Enrolling in CalFresh takes 3 steps!
If you don't apply, you won't know if you qualify.

Step 1: Create an Account at mybenefitscalwin.org (5 mins)



The screenshot shows the homepage of the MyBenefits CalWIN website. At the top left is the logo "MyBenefits CalWIN" with "CalWIN" in a larger, stylized font. To the right of the logo is a language selection dropdown menu set to "English" with a "Go" button. Below the logo and language menu is a navigation bar with five items: "Home" (with a house icon), "MyBenefits CalWIN" (with a search icon), "FAQs" (with a question mark icon), "Contact Us" (with a telephone icon), and "Help" (with a speech bubble icon). Below the navigation bar is a yellow announcement banner with the text: "Announcements You can register to vote or change your address on your current voter registration information from this website. Here's how. [Read about Announcement National Voter Registration](#)". Below the banner is a large image showing a collage of people: a woman hugging a child, a young girl with colorful handprints, a man in a hospital bed, a woman cooking, and a doctor with a patient. Below the image is the text: "Welcome, This website is a fast and easy way for California residents to learn about and apply for medical, food, and cash assistance programs. MyBenefits CalWIN also provides ongoing access to secure and private benefit information. Select a topic below to get started or sign in to your account." To the right of this text is a yellow button that says "Sign In or Create Account". Below the welcome text is the text: "For additional information, click on the Help icon  where available."

Step 2: Upload documents (10 mins)

1. **Income Verification**: Financial Award Letter & either work study verification document OR recent pay stubs (if you're employed)
 2. **Citizenship Verification** (passport, birth certificate, or green card)
 3. **Student Verification** (e.g. class schedule)
- Be Sure to provide a good contact phone number & include the best time for a worker to call you to schedule an interview

Step 3: Phone Interview (10-20 mins)

Within **3 business days** of applying online, you will receive a text message or a phone call to set up a phone OR in-person interview

Phone interview sample Q's from a student who was approved

- Verify name, address, & SSN
- How much do you pay for rent & utilities? If utilities not included, how much do you pay for utilities?
- Which bank firm do you use?
- How much money do you have in your bank account? (If your checking/savings account(s) is \$100 or less, you will receive benefits immediately)
- Do you receive any financial help from parents or outside source?
- Do you have any loans outside of school?
- Are you a full-time or part-time student?

***NOTE You may want to consider NOT providing your bank account statements if your account reflects large deposits from school loans/grants disbursements)**

Step 4: Approval or Denial Letter sent via mail (3-30 days):

- How long will it take? The assigned worker have up to 30 days to either approve or deny your case (if you haven't heard anything by 10-14 business days, give the HSA Medi-Cal office a call at 415-558-4700)
- You may be eligible to get benefits within 3 calendar days, if you meet one of the criteria:
 - a) Your monthly gross income is less than \$150 & your checking/savings account(s) is \$100 or less
 - b) Your household's housing costs are more than your monthly gross income & cash on hand or in checking/savings account(s)
- If approved, you will receive **UP TO \$194/month**. This amount varies depending on your income. If you're in disagreement of your approved monthly benefits, contact your case worker.
- If your application is approved, you will also receive a **SAR 7 Eligibility Status Report** Form via mail (**this will need to be completed usually within 3-5 business days to keep benefits active**)

How to fill out your SAR 7 Eligibility Status Report

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAR7A.pdf>

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

SAR 7 ELIGIBILITY STATUS REPORT

REPORT MONTH _____

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____
SUBMIT MONTH 1st AND RETURN IT BY _____
SUBMIT MONTH 5th

CASE NUMBER HERE _____

NEED HELP? (County Specific instructions w/county url)

Worker Name: _____ (DIST ID HERE)
Worker Phone: _____
County: _____
Street address: _____
City, State, Zip Code _____
BAR CODE: _____

Check the box if you would like to STOP getting any of the following: STOP my CalWORKs STOP my CalFresh STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? Yes No (If yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported? Yes No (If yes, complete the section below)

New Address: _____ Date Moved: _____
Mailing Address (if different than above) _____

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now? \$ _____ If paid separately, your property taxes and home insurance per month now? \$ _____

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:
 Phone Trash Water Electric/Gas Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:

- A. Running from an outstanding warrant?
B. Found by a court to be in violation of probation or parole?
 Yes No (If yes, complete the section below)

Name of person	A or B from above	In what state was the warrant issued, or did violation happen?	Date of warrant or violation

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below and attach proof:

Who had the change? _____ Amount of increase: \$ _____

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? Yes No If yes, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ _____
Who paid support? _____

7. Dependent Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last reported, please complete the section below and attach proof:

What was the amount paid out-of-pocket in the Report Month? \$ _____
Who paid: _____ List dependent(s): _____

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported?
 Yes No (If yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount/Value?	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. Did anyone get income from employment in the Report Month? Yes No (If yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc. If you lost your job, attach proof.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income/Employer name:	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>	Self-employed, check here <input type="checkbox"/>
How often paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ _____ DATE(S) RECEIVED: _____	\$ _____ DATE(S) RECEIVED: _____	\$ _____ DATE(S) RECEIVED: _____
Hours worked per month:			

10. Will there be any changes to your income from employment in the next six months (including income listed in #9)?
 Yes No (If yes, explain here and attach proof). Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid.

11. Did anyone get money from any other source in the Report Month: Yes No (If yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc. If you no longer get money from a source you previously reported, attach proof.

Name	Source of income	One time payment or monthly	How much
			\$ _____
			\$ _____
			\$ _____

12. Will there be any changes to money received from any other source in the next six months (including money listed in #11)?
 Yes No (If yes, explain here and attach proof). Examples of changes: An increase or decrease in income or benefits, or if you will start or stop getting income or benefits.

13. CalWORKs only: Have any of the following happened to anyone in your home since you last reported? Yes No (If yes, check below and attach proof):

- Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- Disability (Became disabled or recovered from a disability or major illness?)
- Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- Custody (Any change in the amount of time you care for/have custody of your children?)
- In-Home Support Services (Started or stopped getting services?)
- School Attendance For Age 18 or older student - started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- Someone paid for all of my housing, food, clothing or utility costs. (please explain) _____
Other: _____

Please read carefully, sign, and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

CERTIFICATION - FRAUD WARNING

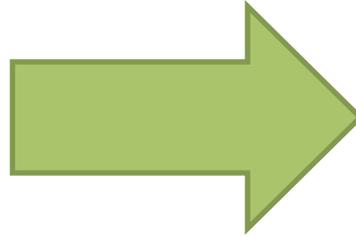
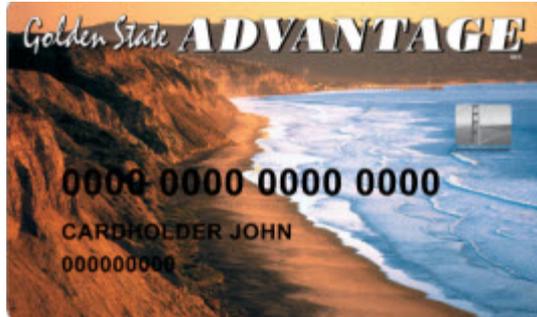
I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE. I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW: For Cash Aid: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE	CONTACT/CALL PHONE
		()	()
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

Where Can I Use My EBT Card?

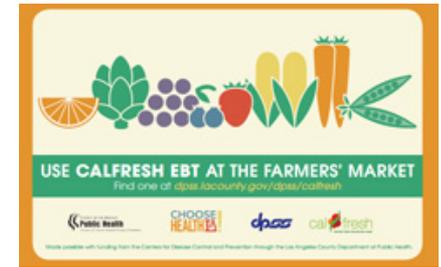


- Can be used to purchase food at many San Francisco stores for **FOOD ONLY!**



- To find stores in your area that accept CalFresh benefits visit:

<https://www.ebt.ca.gov/caebtclient/cashlocationSearch.recip;jsessionid=F7563C65311FD79AB54E767AE732011A>



Use Your CalFresh Benefits to Enjoy the Tastiest Local Fruits and Vegetables

DOUBLE YOUR CALFRESH/EBT DOLLARS W/ MARKET MATCH!

HOW MARKET MATCH WORKS:

- Visit your PCFMA farmers' market Info Booth.
- Buy EBT Scrip with your Golden State Advantage EBT card.
- For every \$1 dollar you purchase you will receive a free Market Match dollar worth \$1 in fresh fruits and vegetables, up to
- \$10 in free scrip per farmers' market visit.
- Shop for fresh fruits and vegetables, spending the tokens with farmers as you would spend cash.

To Locate a Participating Farmers' Market in your area visit:

<http://www.pcfma.org/visit/markets>

Office Locations/Contacts

Alameda County

P: 510-891-0700 (REALLY DIFFICULT to speak to someone over the phone at this office, phone lines are always busy)

Address: 2000 San Pablo Ave

San Francisco County:

P: 415-558-4700: **Press 1 for English, 2 for Spanish; Press 1 for info on how to apply, 2 if you have existing case; Press 2 to speak to someone** (can take up to 10 minutes to speak to a person)

Address: 1235 Mission Street 8a-5p weekdays.
(BEST to arrive prior to opening)



San Mateo County:

HAS Administrative Office – Belmont, Northern Region Office – Daly City, Northern Region Office – South City, Central Region Office – Belmont, Central Region VRS Services Connect – San Carlos, CA, Southern Region Office – Redwood City, & Southern Region Office – East Palo Alto, CA. (<https://hsa.smcgov.org/hsa-locations>)

Email: foods@sfgov.com (ONLY USE EMAIL TO SEND IN DOCUMENTS IF YOU HAVE A CASE NUMBER. INCLUDE your CASE NUMBER in subject of email)

*If applying in-person, process can take up to 2-3 hours.