



CalFresh Intake Form

Please fill in your contact information below. The information you provide is confidential and will assist in submitting your CalFresh application to the DHA*.

Name: _____ Date of Birth: _____

Home Address: _____ Homeless? YES NO

E-mail address: _____ Best time/day to contact you? _____

Phone #: _____ Language (Preferred/ fluent): _____ Military Status: _____

SSN #: _____ CIRCLE ONE, I am a: U.S. Citizen Non-Citizen Naturalized Sponsored

Income Type:

| Earned | Unearned | Information |
|-----------------------------------------|-----------------------------|-------------------------------------------------------|
| Work/ Self-Employed: (Company name): | Social Security Retirement: | How often paid? Weekly/Twice A Month/Monthly or Other |
| Work/ Self-Employed: (Company name): | Disability: | Gross or total earnings from last 30 days: |
| Work/ Self-Employed: (Company name): | Other: | Is this income expected to continue? If no, why? |

Bank Account(s): YES NO Name of Bank: _____ Checking: \$ _____ Savings: \$ _____

Own Property? YES or NO Mortgage payment: _____ Value: _____ How much owed?: _____

Enrolled in college or vocational school? YES NO Full time Part time # of units _____ Work Study Program? YES NO

Enrolled in Low Income Home Energy Assistance Program (LIHEAP)? Discount on SMUD or PG&E bill(s) YES NO

1. How many people do you prepare meals for and eat with in your household? _____
2. Have you received? CalFresh and/or Medi-Cal YES or NO Name used: _____
What County? _____ Approximate dates: _____
3. Please complete the boxes below that apply to your household:

| Type of Bill | Amount | Frequency | Does anyone outside of the home assist with this bill? | If yes, name and amount. |
|---------------------|--------|-----------|--------------------------------------------------------|--------------------------|
| Rent/Mortgage | | | | |
| PG&E | | | | |
| SMUD | | | | |
| Water/Garbage/Sewer | | | | |
| Telephone/Cell | | | | |
| Childcare | | | | |
| Child Support | | | | |

Important: Please complete the back of this page with all household member(s) information.

| | | |
|-----------|-------|---------------------------------------------------------------|
| Helped by | Date | <input type="checkbox"/> DHA <input type="checkbox"/> CAFB |
| Staff | Event | |

| | | |
|---------------|------|-------|
| CalWin | Date | Time |
| CalWin Conf # | | |
| Oasis | Date | Case# |

What is the race and/or ethnicity the applicant identifies as?

Household member CIRCLE ONE: Spouse, Child, Parent or Other: _____ Birthdate: _____

Name: _____ Male Female Military Status: _____

SSN #: _____ CIRCLE ONE: U.S. Citizen Non-Citizen Naturalized Sponsored

Does this household member receive earned or unearned income? ____ If yes, what kind/how often? _____

Have they received? CalFresh and/or Medi-Cal YES or NO Name used: _____

What County? _____ Approximate dates: _____

Enrolled in college or vocational school? YES NO Full Time Part time # of units ____ Work Study Program? YES NO

Household member CIRCLE ONE: Spouse, Child, Parent or Other: _____ Birthdate: _____

Name: _____ Male Female Military Status: _____

SSN #: _____ CIRCLE ONE: U.S. Citizen Non-Citizen Naturalized Sponsored

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Have they received? CalFresh and/or Medi-Cal YES or NO Name used: _____

What County? _____ Approximate dates: _____

Enrolled in college or vocational school? YES NO Full Time Part time # of units ____ Work Study Program? YES NO

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Name: _____ Male Female Military Status: _____

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Have they received? CalFresh and/or Medi-Cal YES or NO Name used: _____

What County? _____ Approximate dates: _____

Enrolled in college or vocational school? YES NO Full Time Part time # of units ____ Work Study Program? YES NO

Household member CIRCLE ONE: Spouse, Child, Parent or Other: _____ Birthdate: _____

Name: _____ Male Female Military Status: _____

SSN #: _____ CIRCLE ONE: U.S. Citizen Non-Citizen Naturalized Sponsored

Does this household member receive earned or unearned income? ____ If yes, what kind/how often? _____

Have they received? CalFresh and/or Medi-Cal YES or NO Name used: _____

What County? _____ Approximate dates: _____

Enrolled in college or vocational school? YES NO Full Time Part time # of units ____ Work Study Program? YES NO

AUTHORIZATION FOR RELEASE OF INFORMATION

Case Name
Case Number
Worker Name
Worker Number
Worker Telephone
Date

TO: I, _____, residing at _____
Applicant/Client Name Applicant/Client Address (#, street, city, zip)

_____, hereby authorize you to release to
Applicant/Client Address continued (#, street, city, zip)

Sacramento Food Bank & Family Services/ Lorena Carranza

specific information requested by this agency which I cannot provide concerning: CalFresh application status.

This form was completed in its entirety (or read to me) prior to signing. I understand that I have the right to receive a copy of this authorization upon my request.

Copy requested and received: Yes No Initial

This release is valid for 12 months from the signature date of the client or until revoked by the client.

Table with 3 columns: Signature of Applicant/Client, Birth Date, Maiden Name of Mother; Birthplace N/A, SSN, Date; Signature of Spouse of Applicant/Client, SSN, Date; Birthplace of Spouse, Birthdate, Maiden Name of Spouse's Mother.

➤ **Your Rights and Responsibilities:**

When you apply for CalFresh benefits, you have rights and responsibilities. Your most important right is to be treated fairly without regard to race, color, national origin, political beliefs, religion, gender, age, or disability. If you think you have been discriminated against, you may file a complaint by:

- Contacting your county's civil rights coordinator
- Call (916) 654-2107 or 866-741-6241 (toll free)
- Write to: California Department of Social Services
Civil Rights Bureau, M.S. 8-16-70
P.O. Box 94243
Sacramento, CA 94244-2430
- If you get CalFresh benefits only, write to:
U.S. Department of Agriculture
Food and Consumer Service
P.O. Box 944243
Civil Rights Office
550 Kearny Street
San Francisco, CA 94108-2518

➤ **Your Rights are to:**

- Receive an application when you ask for it.
- Turn in your application the same day you receive it.
- Receive your CalFresh benefits (or be notified that you are not eligible for the program) within 30 days after you turn in your application.
- Receive expedited CalFresh benefits within three (3) days if you are eligible and have little or no money.
- Have a fair hearing if you disagree with any action taken on your case.

➤ **Your Responsibilities are to:**

- Answer all questions completely and honestly when you apply for CalFresh benefits. Sign your name to certify, under penalty of perjury, that all your answers are true.
- Provide proof that you are eligible.
- Promptly report changes in household circumstances to the CalFresh office.
- Not put your money or possessions in someone else's name in order to be able to get CalFresh benefits.
- Not make changes on any CalFresh cards or documents.
- Not sell, trade, or give away your CalFresh benefits, or any CalFresh cards or documents.
- Use CalFresh benefits only to buy eligible items.

***The information you are providing today on this CalFresh Intake Form will only be used to complete your online CalFresh application to the Department of Human Assistance (DHA). By signing, you are allowing this information to be input on your behalf. You will receive this original signed copy during the intake process or it will be mailed back to you.**

CalFresh Applicant: _____ Date: _____
(print name) (signature)

SFBFS Staff: _____ Date: _____
(print name) (signature)

If you have any questions regarding the submission of your online CalFresh application, please do not hesitate to contact Sacramento Food Bank & Family Services at (916)-925-3240 or (916)-456-1980. Thank you for allowing us to assist you today.