



CalFresh/General Relief/MediCal Intake Form

Please complete in full and fax to: (562) 270-0615 or email to Brandon@helpmehelpu.org

Client Name: _____ Date of referral: _____

Client Phone: _____ Client Email: _____

Location/Referral Source: _____

Number of household members: _____ Homeless: _____ Do you have a disability?: _____

Candidate Identifying Information:

Date of birth: _____ Gender: _____ City and State of Birth: _____

SSN: _____ US Citizen: _____ Race (Optional): _____

Are you a veteran?: _____ Are you a student: _____ Marital Status: _____

Address: _____

List all income sources and amount: _____

Documents to submit with a CalFresh application. This applied to all household members. (please submit copies of all that apply).

This is not an exhaustive list and upon completing the application the worker will determine if additional documents are necessary.

- Proof of Identity/Citizenship:
 - Driver's License/State ID Card (can be from another state)
 - Legal Permanent Resident Card (both sides)
 - US Passport
- Proof of Income:
 - All paystubs in the past 30 days
 - Award Letter (Unemployment, State Disability, Social Security)
 - Copy of Child Support Check
 - Copy of Bank Statement
 - Retirement Account/Pension Statement
 - Vehicle Registration
- Proof of Expenses:
 - Rental Agreement/Receipt
 - Mortgage Bill
 - Motel Receipt
 - Utility Bill