



## COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help to apply for or keep getting cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, FOOD STAMPS, OR MEDI-CAL/34-COUNTY CMSP, INCLUDING IMMEDIATE NEED, HOMELESS ASSISTANCE, OR FOOD STAMP EXPEDITED SERVICE, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

FOR CASH AID AND FOOD STAMPS, the county will tell you if and when you need to be fingerprint and photo imaged in order to get benefits.

TO GET IMMEDIATE NEED AND/OR HOMELESS ASSISTANCE, you must appear to be eligible for Cash Aid. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your social security number(s), trying to get income available to you, and agreeing to cooperate with the local child support agency about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another adult household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

**FOOD STAMPS — Date of Eligibility**

If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

### CASH AID IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you do not have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

### CASH AID HOMELESS ASSISTANCE

If you are homeless, or have received a Pay Rent or Quit Notice, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

### CalWORKs DIVERSION SERVICES

Diversion services can help applicants who need some assistance but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.

After reviewing your facts, the county will tell you if you would be eligible for Diversion services. If eligible and you choose to get a Diversion cash payment or non-cash services instead of cash aid:

- You will get a denial notice for cash aid.
- Your cash aid may be lowered or the amount of time you can get cash aid may be reduced if you go on aid later.

**APPLICANTS FOR FOOD STAMPS:** All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

### FOOD STAMP EXPEDITED SERVICE

You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE:

- Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (**see the other side of the page for definitions of income and liquid resources**),  
OR
- No more than \$100 liquid resources and less than \$150 income for the month before deductions,  
OR
- No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, **complete Items 1 - 17 on the attached application**; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

### MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for CalWORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, tell the county and check "YES" in both parts of Item 12.

### MEDI-CAL/34-COUNTY CMSP - MEDICAL EMERGENCY/PREGNANCY

If you have a medical emergency or are pregnant AND want Medi-Cal/34-County CMSP as soon as possible, complete Items 1-13. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

## WHAT WE MEAN WHEN WE SAY:

- **CalWORKs:** California Work Opportunity and Responsibility to Kids Program.
- **Cash Aid:** Aid from CalWORKs and/or Refugee Cash Assistance (RCA) programs.
- **Diversion Services:** A lump sum cash payment or non-cash services instead of going on cash aid.
- **Food Stamps:** Benefits for low income households to help buy food.
- **Food Stamp Expedited Service:** Getting food stamps within 3 days.
- **Medi-Cal:** Medically necessary benefits for eligible persons.
- **Medi-Cal Presumptive Eligibility (PE):** Temporary Medi-Cal coverage from certain doctors or clinics for many out-patient prenatal care services.
- **34-County CMSP:** Medically necessary benefits for eligible adults who are not on Medi-Cal and who live in some rural counties.
- **Restricted Medi-Cal:** Medical Care for emergency and pregnancy only.
- **Restricted 34-County CMSP:** Emergency care only.
- **Authorized Representative:** A person picked by an applicant or recipient for food stamps and/or Medi-Cal, who can take care of some of their business.
- **Head of Household:** A responsible member of the food stamp household.
- **Income:** Money received or expected, such as:
  - Earnings, welfare, child/spousal support, Supplemental Security Income/State Supplementary Program (SSI/SSP), or Cash Assistance Program for Immigrants (CAPI);
  - Unemployment Insurance Benefits (UIB), State Disability Insurance (SDI), Veterans Benefits (VA), or other disability payments;
  - Strike funds; payments from roomers and boarders; school grants and loans;
  - Cash gifts, cash winnings, any other cash payments.
- **Liquid Resources:** Money other than income, such as:
  - Cash on hand, uncashed checks; money in checking accounts, savings accounts; or saving certificates;
  - Trust deeds, notes receivable, stocks or bonds, etc.
- **Utilities:** Gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.
- **You, Anyone, Everyone:** Any and all persons who live in your home.

## OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid, food stamps and Medi-Cal at the same time and have one interview for all.
- You have the right to fill out this form yourself or, if you ask, have someone help you.
- **OVERPAYMENTS/OVERISSUANCES:** means you got more cash aid or benefits than you should have gotten. You will have to pay it back even if the county made an error. Your cash aid or food stamps will be lowered or stopped. Your Medi-Cal/34-County CMSP share of cost may be changed.

- **FRAUD AND PERJURY:** Fraud and perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, food stamps, and Medi-Cal/34-County CMSP. Perjury means that you lied when you swore under oath to give true, correct, and complete facts. If you lie about facts or **on purpose** do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud.

- **If you are found guilty of committing fraud, you may be fined up to \$10,000 for cash aid and \$250,000 for food stamps and/or sent to jail/prison for 3 years for cash aid and 20 years for food stamps. Cash aid and/or food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.**

- **SOCIAL SECURITY NUMBER (SSN) RULES:** We computer match SSNs against records from tax, welfare, employment, the Social Security Administration, and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also match SSNs to be sure that you are not getting aid in more than one case, or in another county or state; and for cash aid and food stamps, with law enforcement agencies for outstanding arrest warrants.

**Cash aid and food stamps:** You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give us your SSN(s) or proof of application for the SSN within 30 days of application and give the SSN to the county when you get it.

**Medi-Cal/34-County CMSP:** Each applicant for Medi-Cal/34-County CMSP who has a SSN is asked to give it to the county. Any U.S. citizen, U.S. national, amnesty alien with a valid and current I-688, noncitizen with lawful permanent residence in the U.S. (LPR), or noncitizen permanently residing in the U.S. under color of law (PRUCOL) who refuses to give an SSN or proof of application for an SSN, will not be able to get Medi-Cal/34-County CMSP and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

## COMPLAINTS

If you think you have been **discriminated against**, contact your county's civil rights representative or write to:  
State Civil Rights Bureau  
P.O. Box 944243  
Sacramento, CA 94244-2430  
or call collect (916) 654-2107  
or for the hearing or speech impaired  
TDD 1 - (916) 654-2098

For other kinds of complaints, contact your county first. If you and the county cannot agree, write or call to:  
Public Inquiry and Response (PIAR)  
744 P Street, M.S. 6-23  
Sacramento, CA 95814  
Phone 1 - (800) 952-5253  
or for the hearing or speech impaired  
TDD 1 - (800) 952-8349

## STATE HEARINGS

You must ask for the hearing within 90 days of the county's action and you must tell why you want a hearing. You can ask for a State Hearing by writing to your local county appeals office or by calling one of the phone numbers listed for PIAR above, if you:

- Do not agree with any action taken by the county, or
- Are asking for a state hearing for cash aid, food stamps, Medi-Cal.

To appeal all 34-County CMSP eligibility issues, you can **only write** to your county.

# APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP

**Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.**

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)		2. SOCIAL SECURITY NUMBER (SSN)		<b>COUNTY USE ONLY</b>	
3. MAIDEN OR OTHER NAME (IF ANY)		2A. DATE OF BIRTH (MM-DD-YYYY)		CASE NAME	
4. HOME ADDRESS: NUMBER STREET		5. MAILING ADDRESS (IF DIFFERENT)		CASE NUMBER	
CITY STATE ZIP CODE		CITY STATE ZIP CODE		DATE RECEIVED	
6. TELEPHONE NUMBER(S): HOME WORK MESSAGE ( ) ( ) ( )				TYPE OF APPLICATION:	
7. Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO HOME				CA: <input type="checkbox"/> CA <input type="checkbox"/> RCA	
8. Is anyone applying for: Cash Aid <input type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO Medi-Cal <input type="checkbox"/> YES <input type="checkbox"/> NO 34-County CMSP <input type="checkbox"/> YES <input type="checkbox"/> NO				FS: <input type="checkbox"/> Initial <input type="checkbox"/> Recert <input type="checkbox"/> Rest	
Any Other Program(s) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:				MC: <input type="checkbox"/> CMSP: <input type="checkbox"/>	
9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/34-County CMSP/Medicaid or Diversion cash or non-cash services? If "YES", list:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Homeless:	
TYPE OF AID/BENEFIT DATE(S) RECEIVED				FS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME(S) USED RECEIVED WHERE? (COUNTY/STATE/COUNTRY)				CA: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CW 42	
10. The law says we must record your ethnic group, race and language. This won't affect your eligibility.				<input type="checkbox"/> Pickle Screening	
A. ETHNICITY (Everyone must also answer B) Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO				Ethnic Group:	
B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete this question the county will do it for you.				Race:	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White				Primary Language:	
<input type="checkbox"/> Asian (If checked, please select one or more of the following)				CA I.N.	
<input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian				<input type="checkbox"/> Denied/NOA prep	
<input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian (specify) _____				<input type="checkbox"/> Approved	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)				<input type="checkbox"/> Expedited Grant	
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> Applicant requested CWD to complete SAWS 1	
C. PRIMARY LANGUAGE:				( ) (Initials)	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Cantonese <input type="checkbox"/> Cambodian				FS E.S.	
<input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> E.S. questions not completed	
				<input type="checkbox"/> Screened for E.S.	
11. Is anyone a migrant or seasonal farmworker? <input type="checkbox"/> YES <input type="checkbox"/> NO				Date _____	
12. Is anyone pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", did she get a Presumptive Eligibility card? <input type="checkbox"/> YES <input type="checkbox"/> NO				( ) (Initials)	
13. Does anyone have a personal emergency? If "YES", check (✓) type:				FS Referral for:	
<input type="checkbox"/> Immediate Medical Need <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Abuse				<input type="checkbox"/> E.S. Processing	
<input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other emergency which threatens health or safety. Explain:				<input type="checkbox"/> Regular Processing	
IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENT .....FILL IN ITEMS 14 - 18.				<input type="checkbox"/> CWD records cleared	
FOOD STAMP EXPEDITED SERVICE .....FILL IN ITEMS 14 - 17.				<input type="checkbox"/> MEDS CDB cleared	
14. How much liquid resources does everyone, including children, have?		17. How much are your utilities that are not included in your rent this month? \$		<input type="checkbox"/> IEVS initiated	
<input type="checkbox"/> Cash, uncashed checks or money orders \$ _____				<input type="checkbox"/> Copy of SAWS 1 and coversheet given to applicant	
<input type="checkbox"/> Checking/savings or credit union account(s) \$ _____		18. Do you have an eviction notice or notice to pay or quit?		TRANSITIONING CASE NUMBER	
<input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ _____		Have your utilities been shut off or do you have a shut-off notice?		COUNTY OF APPLICATION	
<input type="checkbox"/> Other (explain) \$ _____		Will your food run out in 3 days or less?		COUNTY OF RESIDENCE (IF DIFFERENT)	
15. How much income did everyone, including children, get or will they get this month?		Do you need essential clothing, such as diapers or clothing needed for cold weather?			
Date Amount Date Amount		Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?			
_____ \$ _____ _____ \$ _____					
_____ \$ _____ _____ \$ _____					
16. How much is your rent or mortgage this month?					
\$ _____					
<ul style="list-style-type: none"> <li>I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified.</li> <li>I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service.</li> <li><b>I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.</b></li> </ul>					
19. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE		DATE SIGNED			
SIGNATURE OF WITNESS TO MARK OR INTERPRETER		DATE SIGNED			