

CalFresh Intake Form

Full Name: _____ Phone: (____) _____

Mailing Address: _____ City: _____ Zip: _____

Preferred language (if not English): _____

Enter preferred contact time. County will try to accommodate.

(Monday- Friday 8am-5pm): _____

☐ An in person interview☐ A phone interview

I would like to receive follow-up messages about my application by:

☐ Text☐ E-mail (if yes, email address): _____**Others you share meals with**
(Must include spouse)

✓Check all that apply

Household Size: _____

| Name | Gender (M/F) | Date of Birth (REQUIRED FOR EACH PERSON) | Citizen | Permanent Resident | Undocumented | SSI Benefits | 60+ | Disabled | College Student | Social Security Number (leave blank if unsure but will need to provide later at interview) |
|------|--------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| SELF | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

LMC Staff- Do not fill

Application Date: _____ Location: Los Medanos College Taken By: _____

Type: ☐ Los Medanos College **Food Pantry**

Food Bank of Contra Costa and Solano

CalFresh Outreach

Income and Expenses: you may be required to provide documentation to the County for further consideration

| | |
|---|--|
| Income for the last month before taxes (or average monthly income) <i>Include child support, alimony, unemployment, social security, retirement, disability, regular assistance from family, etc. (exclude SSI)</i> | |
| Monthly housing costs <i>Include rent, mortgage, property taxes, homeowners insurance, homeless shelter expenses</i> | |
| Monthly utility costs <i>Include gas/electric, water, sewage, garbage, cell phone, land line phone</i> | |

Additional information if applicable:

- ☐ Monthly childcare payments: _____
- ☐ Monthly child support payments (court ordered only): _____

Student Exemption Info (Check any that apply to you):

- ☐ I work on average 20 hours per week
- ☐ Have been approved for State or Federal **Work Study**
- ☐ Approved for Extended Opportunity Program & Services (**EOP/EOPS**)
- ☐ Approved for College Disabled Students Programs and Services (**DSPS**)
- ☐ Approved for Cooperative Agencies Resources for Education (**CARE**) Program
- ☐ Enrolled in the **Puente Project**
- ☐ Enrolled in the Mathematics, Engineering, Science Achievement (**MESA**) Program
- ☐ Part of a Foster Youth Program (**START**)
- ☐ Receive **Cal Grant A**
- ☐ Other _____

Any additional information you want to include:

Demographic Data

(please check all that apply for anyone in the household, does not affect eligibility)

- | | | | |
|---------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Senior (60+) | <input type="checkbox"/> Working | <input type="checkbox"/> Children (<18) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Homeless | <input type="checkbox"/> Disabled | <input type="checkbox"/> None of the above |

To Complete Later: ☐ Oasis ☐ Upload ROI ☐ Email WIC Referral BCW#: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the following Community Based Organization (CBO) **Food Bank of Contra Costa & Solano** to access information regarding my CalWORKS/CalFresh/Medi-Cal application for benefits with Contra Costa County using the their web-based CalWIN system.

I understand that the information accessed by the CBO will only be used to assist with my application for benefits and to communicate with me regarding the status of my application/benefits.

I authorize the use of this form for the access of the information described above. This authorization shall expire one year from the date signed or earlier if it is revoked by me in writing.

AUTORIZACIÓN PARA OBTENER Y INTERCAMBIAR INFORMACIÓN

Yo autorizo a la siguiente Organización Comunitaria (CBO) **Food Bank of Contra Costa & Solano** a tener acceso a mi caso en el condado de Contra Costa sobre mi aplicación y/o caso de CalWORKS, CalFresh y/o Medi-Cal, utilizando su aplicación, basada en el internet, por el sistema de CalWIN.

Yo entiendo que la información obtenida por el CBO solamente serán utilizados para ayudarme con mi aplicación para beneficios y para comunicarse conmigo sobre el estado de me aplicación/beneficios.

Yo autorizo que esta forma se utilice para dar a conocer información descrita arriba. Esta autorización se expira al año de la fecha en que esta firmada o antes de la fecha si esta revocada por mi por escrito.

REQUIRED: Please complete the following information
REQUERIDO: Porfavor Complete la Siguiente Información

Full Name/ *Nombre complete:* _____

Social Security Number / *Número de su Seguro Social:* _____

Date of Birth / *Fecha de Nacimiento:* _____

Address / *Dirección:* _____

I have read, or been read, this form and understand and agree to the disclosures described above.
Yo e leído, o me han leído, esta forma. Entiendo y acuerdo lo descrito en esta forma.

Signature / *Firma:* _____ Date / *Fecha:* _____