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										

LMC Staff- Do not fill

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

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

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) *Include child support, alimony, unemployment, social security, retirement, disability, regular assistance from family, etc. (exclude SSI)*	
Monthly housing costs *Include rent, mortgage, property taxes, homeowners insurance, homeless shelter expenses*	
Monthly utility costs *Include gas/electric, water, sewage, garbage, cell phone, land line phone*	

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)*			
☐ Senior (60+)	☐ Working	☐ Children (<18)	☐ Latino
☐ Veteran	☐ Homeless	☐ Disabled	☐ None of the above

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