RECERTIFICATION FOR CALFRESH BENEFITS

If you have a disability or need help with the recertification application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I keep getting CalFresh?
You must turn in this recertification application and be interviewed before the end of your certification period to continue receiving CalFresh. In many counties, you can complete this recertification application online. To see if you can do this in your county, go to http://www.benefitscal.org/.
NOTE: If you do not currently have health coverage and are interested in the county using information from your CalFresh application to check your eligibility for Medi-Cal check the box on question 12, page 3 on the recertification application.

How do I complete the recertification application?
Answer all questions on the recertification application, if you can. You must at least provide your name, address, and signature to begin your recertification process. Read about your rights and your responsibilities before you sign this application. Turn in the signed application to the County in person, by mail, by fax, or on-line.

What do I do next?
The County will send you an interview appointment letter to discuss this application. Most interviews are done by phone, but can also be done in person at the County office or other place if arranged with the County. If you need other arrangements because of a disability, let the County know. Your worker can help you complete this application during the interview if you did not fill out all sections or if you need to make changes.

What happens at the recertification interview?
During the interview, the County will go over the information on the application and will ask questions to recertify you for CalFresh and determine your benefits. To avoid a delay in recertifying, provide proof of any changes in circumstance at the time of the interview. Examples are change in income; change in people buying/eating together, change in housing costs, etc. Keep your interview even if you do not have the proof. The County may be able to help to get the proof needed to recertify.

What happens if I forget to turn in this recertification application?
You must turn in this application before your certification period ends to recertify for CalFresh. If it is late, you may have an interruption in your benefits. If you turn in this application more than 30 days past the end of your certification period, you will have to reapply using the full application.

What happens after my recertification is approved?
If you reapply timely and get recertified before your certification period ends, you will continue to receive benefits on your Electronic Benefit Transfer (EBT) card. Continue to use your EBT card and the same Personal Identification Number (PIN) to buy food. If your EBT card is lost, stolen or destroyed, call (877) 328-9677 or the County right away. For a list of locations near you that accept EBT please go to: https://www.ebt.ca.gov or https://www.snapfresh.org.

Rights and Responsibilities
You have a responsibility to:
- Give the County all information needed to determine your eligibility.
- Give the County proof of the information you gave when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. If you don't meet your household's reporting requirements your CalFresh benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other work-related activities if the County tells you that it is required in your case.
- Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews could result in loss of your benefits.
- Pay back any benefits that you were not eligible to get.

You have the right to:
- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the County at no cost if you need one.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application for CalFresh and get an explanation of the rules.
- Ask for help to get proof that is needed.
- Be treated with courtesy, consideration and respect, and not be discriminated against.
- Be interviewed in a reasonable amount of time by the county when you apply and to have your eligibility determined within 30 days.
- Get at least 10 days to give requested proof to the County that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh benefits.
- Discuss your case with the county and to review your case when you ask to do so.
- Ask for a state hearing within 90 days if you do not agree with the County about any actions taken on your CalFresh case.
- If you ask for a hearing before an action on your CalFresh case takes place, your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Ask about your hearing rights or for a legal aid referral at the toll-free phone numbers – 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you do not want to go alone.
- Get assistance from the County to register to vote.

- Report changes that you are not required to report, if it may increase your CalFresh benefits.
- Give proof of your household's expenses that may help you get more CalFresh benefits. Not giving proof to the County is the same as saying that you do not have that expense, and you may not be able to get more CalFresh benefits.
- Let the County know if you would like someone else to use your CalFresh benefits for your household or help with your CalFresh case (Authorized Representative).

Program Rules and Penalties

You are committing a crime if you give false or wrong information, or do not give all the information on purpose to try to get CalFresh benefits that you are not eligible to receive, or to help someone else get benefits that they are not eligible receive. You must pay back any benefits you get that you were not eligible to receive.

Program Violations **For CalFresh: I understand I may have committed an intentional program violation if I do any of the following:**	**Penalties** **I may:**
● Hide information or make false statements ● Use Electronic Benefit Transfer (EBT) cards that belong to someone else or let someone else use my card ● Use CalFresh benefits to buy alcohol or tobacco ● Trade, buy, sell, steal or give away CalFresh benefits or EBT cards, or attempt to trade, buy, sell, steal or give away CalFresh benefits or EBT cards ● Try to get dual benefits, for example, apply in two or more different counties or states at the same time ● Submit false documents for children or adult household members who are not eligible or who do not exist ● Violate conditions of my probation or parole ● Flee after a felony conviction ● Purchase (buy) a product with CalFresh benefits that has a return deposit, intentionally (on purpose) throw away the contents and return the container for the deposit amount or attempt to return the container for the deposit amount ● Buy a product with CalFresh benefits and intentionally resell it for cash or anything other than eligible food	● Lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to me ● Lose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to me ● Lose CalFresh benefits permanently for the third offense and be required to repay all CalFresh benefits overpaid to me ● Be fined up to $250,000.00, imprisoned up to 20 years or both

Program Violations **For CalFresh: I understand I may have committed an intentional program violation if I do any of the following:**	**Penalties** **I may:**
• Trade CalFresh benefits or attempt to trade CalFresh benefits for: cash, firearms, non-eligible goods or controlled substances such as drugs	• Lose CalFresh benefits for 24 months for the first offense • Lose CalFresh benefits permanently for the second offense
• Give false information about who I am and where I live so I can get extra CalFresh benefits	• Lose CalFresh benefits for 10 years for each offense
• Have been convicted of trading, selling or attempting to trade CalFresh benefits worth more than $500, or trading or attempting to trade CalFresh benefits for firearms, ammunition or explosives	• Lose CalFresh benefits permanently

Important Information for Noncitizens: You can apply for and get CalFresh benefits for people who are eligible, even if your family includes others who are not eligible. Getting food benefits will not affect you or your family's immigration status. Immigration information is private and confidential. The immigration status of noncitizens that are eligible and apply for benefits will be checked with the U.S. Citizenship and Immigration Services (USCIS). Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Opting Out: You do not have to give immigration information, social security numbers, or documents for any noncitizen family member(s) who are not applying for CalFresh benefits. However, the County will need to know their income and resource information to correctly determine your household's CalFresh benefits. The County will not contact USCIS about the people who do not apply for CalFresh benefits.

Privacy Act and Disclosure: You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the requested information, the County may deny your application. You have the right to review, change, or correct any information that you gave to the County. The County will not show your information or give it to others unless you give them permission or federal and state law allows them to do so. 273.2(b)(4) *Privacy Act statement.* As a County agency, we must notify all households applying and being recertified for CalFresh benefits of the following:

(i) The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the CalFresh Program. We will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will also be used to monitor compliance with program regulations and for program management.

(ii) This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

(iii) If a CalFresh claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

(iv) Providing the requested information including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of CalFresh benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

The County may verify immigration status of household members applying for benefits by contacting the USCIS. Information the County gets from these agencies may affect your eligibility and level of benefits.

The County will check your answers using information in state and federal electronic databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a consumer reporting agency. If the information does not match, the County may ask you to send proof.

Use of Social Security Numbers (SSN): Everyone applying for CalFresh benefits needs to provide a SSN, if you have one, or proof that you have applied for a SSN (such as a letter from the Social Security Office). The County may deny CalFresh benefits for you or any member of your household who does not give us a SSN. Some people do not have to give SSN's to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.

Overissuance: This means you got more CalFresh benefits than you should have gotten. You will have to pay it back even if the County made an error or if it was not on purpose. Your benefits may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Reporting: Your household must continue to report the changes the County told you to report. If you do not report, your benefits may be lowered or stopped. You can also report if things happen that may increase your benefits, such as receiving less income.

State Hearing: You have the right to a state hearing if you do not agree with any action taken regarding your recertification for ongoing benefits. You can request a state hearing within 90 days of the County's action and you must tell why you want a hearing. The approval or denial notice you receive from the County will have information on how to request a state hearing.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD 3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or contact your County's Civil Rights Coordinator, or write a letter addressed to USDA and provide in the letter all of the information requested in the form or write to California Department of Social Services (CDSS) address below. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington D.C. 20250-9410

CDSS
Civil Rights Bureau
P.O.BOX 944243, M.S. 8-16-70
Sacramento, CA 94244-2430
1-866-741-6241 (Toll Free)

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Case File Reviews: Your case may be selected for additional review to ensure that your eligibility was correctly figured. You must cooperate fully with the county, state, or federal personnel in any investigation or review, including a quality control review. Failure to cooperate in these reviews could result in loss of your benefits.

Work Rules for CalFresh: The County may assign you to a mandatory work program. If you do not participate when required by the County, your benefits could be reduced or stopped. You may not be eligible to CalFresh if you have recently quit a job without a good reason.

EBT Usage: Any use of your EBT card by you, a household member, your authorized representative, or anyone you voluntarily give your EBT card and PIN to will be considered approved by you and any benefits taken from your account will **not** be replaced.

NOTES

BETTER FOOD FOR BETTER LIVING

RECERTIFICATION APPLICATION - CALFRESH ONLY HOUSEHOLDS

To keep your benefits coming on time without a break, please fill out, sign, date, and return this form to the county and provide proof of your circumstances **before** the end of your certification period. We need the information before or at your interview to finish the recertification. We need **at least** your name, signature, address, and dated form to begin the CalFresh recertification.

Case Name: _____ Case Number: _____

MAILING ADDRESS	CITY	STATE	ZIP CODE

Contact Authorization
Please give the county the best contact information to reach you. This will help in processing your application. By providing your contact information below, you are authorizing the county to contact you by phone, email, text,or to leave a phone message regarding your application.

HOME PHONE	CELL PHONE	CHECK BOX FOR TEXT
		☐
WORK/ALTERNATE/MESSAGE PHONE	EMAIL ADDRESS	

1. Has anyone moved into or out of your home (including newborns) in the last six months? (Please Check One) ☐ **Yes** ☐ **No**
(If **yes**, complete the section below**)**

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
☐ In ☐ Out / /		/ /		☐ Yes ☐ No
☐ In ☐ Out / /		/ /		☐ Yes ☐ No
☐ In ☐ Out / /		/ /		☐ Yes ☐ No

2. You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? (Please Check One) ☐ **Yes** ☐ **No** If **yes**, complete the following section:

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE PHONE NUMBER

Do you want to name someone to receive and spend CalFresh benefits for your household? (Please Check One) ☐ **Yes** ☐ **No**
If **yes**, complete the following section:

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

3. Have there been any changes to your address in the last six months? (Please Check One) ☐ **Yes** ☐ **No** If **yes**, complete the section below:
New Address: _____Date Moved: _____
Mailing Address (if different from above) _____

4. If you have moved or have new/changed housing costs in the last six months, please fill out the section below:
Your rent or mortgage per month now? $_____
If paid separately, your property taxes and home insurance per month now? $_____

4a. Do you have utility costs that are not included in your housing costs? If so, check which ones:
☐ Phone ☐ Trash ☐ Water ☐ Electric/Gas ☐ Other heating or cooling costs

Case Name: _____ Case Number: _____

5. Are you homeless? ☐ **Yes** ☐ **No** If **yes**, do you pay shelter costs? (Please Check One) ☐ **Yes** ☐ **No**

6. Students: Is anyone who is applying for benefits including you attending a college or vocational school? (Please Check One)
☐ **Yes** ☐ **No** If **yes**, please provide the information below. If **no**, skip to the next question.

Name of Person	Name of School/Training	Enrolled Status (✔ check one)	Is this person Working?
		☐ Half-time or more ☐ Less than half-time ☐ Number of units:_____	☐ **NO** ☐ **YES**, Average work hours per week:_____
		☐ Half-time or more ☐ Less than half-time ☐ Number of units:_____	☐ **NO** ☐ **YES**, Average work hours per week:_____

7. Do you or anyone you buy and prepare food with get income from a job (earned)? (Please Check One) ☐ **Yes** ☐ **No**

If **yes**, complete the section below and attach proof. List each job for each person who works. If you need more space, attach a separate piece of paper and identify which question you are writing about. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of Person who gets income:			
Employer Name:	Self-employed, check ☐	Self-employed, check ☐	Self-employed, check ☐
How often paid:	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice Monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice Monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice Monthly
Monthly Gross Amount of Income:	$	$	$
Hours worked per month:			
Will this income continue?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

7a. Will there be any changes to anyone's job or income in the next six months? (Please Check One) ☐ **Yes** ☐ **No**

Examples: Stopping, starting, increase or decrease of income, change in hours, quitting a job, going on strike, change in how often anyone is paid.

If **yes**, explain here and attach any proof: _____

_____

8. Do you or anyone you buy or prepare food with get income that does not come from a job (unearned)?
(Please Check One) ☐ **Yes** ☐ **No**

If **yes**, complete the section below and **attach proof**. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loan/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of Income	One-time or ongoing payment	How much/How often

8a. Will there be any changes to this income in the next six months? (Please Check One) ☐ **Yes** ☐ **No**

If **yes**, explain here: _____

Case Name: _____ Case Number: _____

9. Medical Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled, have an increase or begin paying medical costs? (Please Check One) ☐ **Yes** ☐ **No**
(If **yes**, complete the section below and attach proof if this is a new expense or if change is more than $25.)

Who had the cost? _____ Type of cost _____
Amount paid? _____ How often? _____

10. Child Support: Did anyone who gets CalFresh have to pay child support? (Please Check One) ☐ **Yes** ☐ **No**
(If **yes**, complete the section below and attach proof, if this is a new child support obligation or a change in the legal obligation to pay child support or an increase in the amount of child support paid.)

Name(s) of children _____

What is the current amount they have to pay? **$** _____ Who paid support? _____

11. Dependent or Child Care: Does anyone pay for care of a child, disabled adult, or other dependent so you or the other person can go to work, school, or look for a job? (Please Check One) ☐ **Yes** ☐ **No**
(If **yes**, please only list the amount you or anyone in your household pays out of pocket. Attach proof if provider or the out-of-pocket amount has changed.)

Amount: $_____ Who paid: _____List dependent/child: _____

12. Are you interested in applying for Medi-Cal? (Please Check One) ☐ **Yes** ☐ **No**
If you answer "**yes**", the County will use your information to find out if you can get Medi-Cal.

13. Duplicate Benefits

Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program, known as CalFresh in California) benefits in any state after September 22, 1996? (Please Check One) ☐ **Yes** ☐ **No**

If **yes**, who? _____

14. Trafficking (trading or selling) of Benefits

Have you or any member of your household ever been convicted of trafficking (trading or selling EBT cards to others) SNAP benefits of $500 or more after September 22, 1996? (Please Check One) ☐ **Yes** ☐ **No**

If **yes**, who? _____

15. Trading Benefits for Drugs

Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996? (Please Check One) ☐ **Yes** ☐ **No** If **yes**, who? _____

16. Trading Benefits for Firearms or Explosives

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunition, or explosives after September 22, 1996? (Please Check One) ☐ **Yes** ☐ **No**

If **yes**, who? _____

17. Fleeing Felon

Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime? (Please Check One) ☐ **Yes** ☐ **No**

If **yes**, who? _____

18. Probation/Parole Violation

Have you or any member of your household been found by a court of law to be in violation of probation or parole? (Please Check One)
☐ **Yes** ☐ **No**

If **yes**, who? _____

Case Name: _____ Case Number: _____

CERTIFICATION

Please read carefully, sign, and date. By signing this form:

I understand that by signing this recertification application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this recertification application and my answers to the questions in this recertification application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my recertification process will be true and complete to the best of my knowledge.
- I read or had read to me the Rights and Responsibilities (Program Rules Page 2) for the CalFresh Program and the CalFresh Program Rules and Penalties (Program Rules Pages 3 through 4).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
- I understand that Social Security Numbers or immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

TO CONTINUE RECEIVING BENEFITS, YOU MUST SIGN AND DATE THIS APPLICATION AND BE INTERVIEWED BEFORE THE LAST DAY OF YOUR CERTIFICATION PERIOD.

WHO MUST SIGN BELOW: Adult household member/Authorized Representative/Guardian

Signature or Mark of Applicant	Date	Contact email/phone