



Registration Process and Application Assistance Information for Community Based Organizations

Community Based Organization (CBO) Account Setup

A CBO must register with Health & Human Services in order to utilize MyBenefits CalWIN for assisting a client to apply for Public Assistance Benefits. Once registered the CBO will be issued an Agency Key which is necessary to create individual CBO Assistor accounts within the organization.

To register, a CBO needs to email the CalWIN Eligibility Operations Help Desk (EOHD) at: CalWINHD.HHSA@sdcounty.ca.gov and provide the following information:

- CBO Name
- Contact First Name & Contact Last Name
- Contact Email
- Contact Phone number
- CBO Location Street Address
- CBO Location City
- CBO Location Zip
- CBO Phone number

MyBCW Home Page

Language English Go

Create A MyBenefits Account | Sign In

Home MyBenefits CalWIN ? FAQs Contact Us Help

Announcements Starting 6/1/16, CalFresh Change Reporting households will become Semi-Annual Reporting households. Read about coming changes to CalFresh Change Reporting

Welcome,
This website is a fast and easy way for California residents to learn about and apply for medical, food, and cash assistance programs. MyBenefits CalWIN also provides ongoing access to secure and private benefit information. Select a topic below to get started or sign in to your account.

Sign in to your MyBenefits CalWIN Account
Username **Sign In**
Forgot Username? | Create New Account

Community Based Organization, [get started here](#)

On-line Services

- See if I Am Eligible
- Apply for Benefits Or Continue Application
- Report My Changes Or Renew Benefits
- Affordable Health Insurance
- Community Based Organization**

Community Based Organization

- Community Based Organizations that register within their County have the ability to submit applications on behalf of a client.
- If you are not a CBO and would like to complete an application for your family or view your benefits, please return to the home page to sign in or create an account.

Get Started

Get More Information About Available Programs

- January 2014 New options for health insurance
COVERED CALIFORNIA
Affordable Health Insurance
- Cash Aid Options
- Food Assistance
- Medical Services
- Required Reporting
- Cooking & Nutrition

To log in to MyBCW CBO(s) need to click on the "get started here" hyperlink or click on Community Based Organization tab and then click "Get Started"

Signing in to MyBCW

MyBenefits CalWIN

Language English Go

Create A MyBenefits Account | Sign In

Home MyBenefits CalWIN FAQs Contact Us Help

Create An Assistor Account

In order to create an Assistor account we need to know what Community Based organization you represent. This will allow us to link your client's application to the Community Based Organization for statistical purposes. If you are not a CBO and would like to complete an application for your family or view your benefits, please [sign in](#).

- ⌘ If you are an Assistor and already have an account, please [sign in](#).
- ⌘ If you do not have an Assistor account and would like to create one, please enter your Agency Key to begin the account process.
- ⌘ Please [contact your county](#) if the Community Based Organization doesn't already have an Agency Key. * **Contact information can be found on the second slide of this presentation**

Community Based Organization

Agency Key

County

Already have an account? [Sign in here](#)

Continue

Tips

In order to create an Assistor account you must first provide an Agency Key. Please contact your county if the Community Based Organization doesn't already have an Agency Key.

To create an individual Assistor Account, enter your CBO's Agency Key and Select your County.

If you already have an account Sign in here

Signing in to MyBCW Step One

The screenshot shows the MyBenefits CalWIN website interface. At the top left is the logo. On the right, there is a language dropdown menu set to 'English' and a 'Go' button. Below the logo, there are navigation links: 'Create A MyBenefits Account' and 'Sign In'. A horizontal menu contains 'Home', 'MyBenefits CalWIN' (with a search icon), 'FAQs', 'Contact Us', and 'Help'. A 'Get Started' button with a traffic light icon is prominently displayed. Below this, a message states: 'To get started we need to make sure your information is safe and secure. If you have an account, please sign in. If you don't, please create one.' The page is split into two main columns. The left column, titled 'Create An Account', has two sections: 'User Account' with a 'Create A MyBenefits Account' button, and 'Community Based Organization' with a link 'Assistors create account here'. The right column, titled 'Sign In', contains the text 'If you already have a MyBenefits CalWIN Account, please sign in.', a 'Username' label, an empty text input field, a 'Forgot Username?' link, and a 'Continue' button. A blue arrow points from the 'Forgot Username?' link to the right, towards the explanatory text.

MyBenefits CalWIN

Language English Go

Create A MyBenefits Account | Sign In

Home MyBenefits CalWIN ? FAQs Contact Us Help

Get Started

To get started we need to make sure your information is safe and secure. If you have an account, please sign in. If you don't, please create one.

Create An Account

User Account

If you currently don't have a My Benefits Account, please create one now to apply for benefits, view benefits, or report changes.

Create A MyBenefits Account

Community Based Organization

Assistors create account here

Sign In

If you already have a MyBenefits CalWIN Account, please sign in.

Username

Forgot Username?

Continue

Enter the Username you created when you set up your account

Signing in to MyBCW Step Two

MyBenefits CalWIN

Language English Go

Create A MyBenefits Account | Sign In

Home MyBenefits CalWIN FAQs Contact Us Help

Secure Password Entry

Seeing your Sign-In Picture on this page helps you know that you are on the official MyBenefits CalWIN website, and that it's safe to enter your password.

You must answer all questions that are marked with an*

Your Sign-In Picture

You named this picture: Run as fast as you can

If you don't recognize this picture, then don't enter your password

Enter Password below

* Password (8-20 characters, case sensitive)

Sign In

[Forgot Password?](#)

Enter your password

If you have forgotten your password, click on the *Forgot Password?* link and you will be asked to answer one or more of the security questions you completed when creating your account. If you have forgotten the answers to your security questions call our Access center for assistance

Assisting a Customer Apply for Benefits or Upload Documents

The screen below will allow you to Apply for Benefits on behalf of a customer. You will also be able to upload documents for a customer by entering their Case Number and either the last 4 digits of the SSN or Last Name of an active member on the Case.

MyBenefits CalWIN San Diego (Change County) Hi, San Diego | MyBenefits CalWIN Account | Sign Out

MyBenefits CalWIN ? FAQs Contact Us Help

Overview MyAgency MyClients MyBenefits CalWIN Account Assistor Help

Announcements CalWORKs Information. Other Things You Should Know. [Read about CalWORKs News](#)

CBO Overview

Welcome SDG CBO Test Account

As the administrator for this agency you can

- View or update your agency and location information.
- View and update the status of assistors for your agency.
- View or continue unsubmitted client applications started by Assistors within your Agency.
- View summary level reporting for the number of applications that have been submitted by your Agency.

I would like to

See if I Am Eligible Apply for Benefits Upload Documents

Overview of What Will be Required to Submit an Application

The screenshot shows the MyBenefits CalWIN website interface. At the top, there is a logo for MyBenefits CalWIN and the text "San Diego (Change County)". A language dropdown menu is set to "English". Below the logo, there are navigation links: "MyBenefits CalWIN", "FAQs", "Contact Us", and "Help". A prominent button labeled "Apply for Benefits" is visible. The main content area is titled "What To Expect When Applying for Benefits" and contains several paragraphs of text and a list of requirements. A "Continue" button is highlighted in yellow. On the right side, there is a light blue box with additional information about immediate need services and office hours. An arrow points from the "Note" text on the right to the "If you have requested Immediate Need" section in the light blue box.

What To Expect When Applying for Benefits

You must answer all questions that are marked with an*

You will be asked information about your household's resources, income, and expenses. You might want to gather the following information to help you complete the application:

- ☒ Copy of your pay stub
- ☒ Bills you pay, like rent, utilities, childcare
- ☒ View a list of [documents](#) you will be asked to provide

When you sign in with a MyBenefits CalWIN account your information is saved as you complete each page, that way you can return later if you don't finish the first time. Your work will be available for 60 days.

When you have answered all questions, you can upload electronic copies of required documents.

At the end of the application process you will see a Confirmation Page. If you do not see this page your application has not been submitted.

Continue

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the buttons on your web browser (do not use the arrow buttons at the top).

If you have requested Immediate Need. We must meet with you in person within 24 hours. Please ensure that you provide a telephone number where we may contact you. If you do not have a telephone number where you may be reached, it will be necessary for you to apply at an office near you.

Our office hours are 7:00 am to 5:00 pm, Monday through Friday. If you are applying after office hours you will be contacted the next business day.

Our office locations may be found:

Note:
If this is an *immediate need* request the applicant must have a telephone number they can be contacted at.

If they don't have a telephone number it will be necessary for them to apply at an office near them for immediate need services

Getting Started

The applicant must read the RIGHTS AND RESPONSIBILITIES below . The applicant must check the “understand” box before continuing with the application.

MyBenefits CalWIN San Diego County

MyBenefits CalWIN Home ? FAQs Contact Us Help

Certification Apply for Benefits

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 have when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. For CalFresh and cash aid if you don't meet your household's reporting requirements your case may be closed or your benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other 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 will result in loss of your benefits.
- Pay back any cash aid or CalFresh 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 State 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 or help getting the proof that you need and get an explanation of the rules.
- Be treated with courtesy, consideration and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Get cash aid within one day if you qualify for Immediate Need.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

* I understand

Exit Next

Select Which Benefits Applying For

Check the appropriate Box or Boxes below for the benefits the customer wants to apply for



San Diego County

MyBenefits CalWIN Home ? FAQs Contact Us Help

Apply for Benefits

Request for Assistance

This application is a fast and easy way for California residents to apply for medical, food, and cash assistance programs.

What would you like to apply for?

Cash Aid Programs

- Cash Aid for Families with Children (CalWORKs)**
CalWORKs is a [cash aid program for low income families with children](#) to meet their basic needs. It also provides education, employment, and training programs to help families get jobs and move towards self-sufficiency. *A face-to-face interview is required after you submit this application.
- Refugee Cash Assistance (RCA)**
Needy refugees without children, who are not otherwise eligible for any other cash aid, may be eligible for 8 months of [Refugee Cash Assistance](#). These individuals may also be eligible to receive employment and other social services during the same 8-month period.

Cash Aid for Needy Adults (General Assistance/General Relief)
For more information or to apply for the GA/GR program please contact your local welfare office.
The General Assistance or General Relief (GA/GR) Program is designed to provide relief and support to needy adults who are not able to support themselves by their own means, other public funds, or assistance programs. Each county's GA/GR program issues benefits, sets payment levels and eligibility requirements.

Food Assistance Programs

- Food Assistance (CalFresh)**
The [CalFresh Program](#), formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), can add to your food budget to put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used to buy most foods at many markets, farmers' markets and food stores.

Medi-Cal/Health Care Programs

- Insurance Affordability Programs (IAP)**
[Insurance Affordability Programs \(IAP\)](#) include Medi-Cal, Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR).
- County Medical Services Program (CMSP)**
The [County Medical Services Program \(CMSP\)](#) provides health coverage for needy adults.

Exit Next

Questions for Medi-Cal (IAP)

These questions only appear when requesting Medi-Cal/Insurance Affordability Programs (IAP)

People

Income

Resources

Expenses

Finish

Submit

Insurance Affordability Programs (IAP)

Insurance Affordability Programs (IAP)

You have selected Insurance Affordability Programs (IAP). IAP will make it simple and more affordable for you and millions of other Californians to get high-quality health insurance.

Government Programs

Legal residents of the state of California will be eligible to buy health coverage through a new marketplace established by IAP. Starting in 2014, there will be several new government programs that offer financial assistance to lower the cost of health insurance.

1. Tax Credits: Tax credits will be available to help lower the cost of your monthly health insurance premium.
2. Cost-sharing subsidies: Cost-sharing subsidies reduce the amount of health care expenses an individual or family has to pay at the time of medical care.
3. Medi-Cal assistance: Starting in 2014, Medi-Cal will cover more people under age 65, including people with disabilities and with income less than \$15,000 for a single individual and \$31,180 for a family of four. The coverage is free for those that qualify and is part of the provisions of the Affordable Care Act

*Getting Started

Some programs require more information than others. To begin collecting the information needed for the Government Programs, please answer these few questions:

- Is anyone in your household age 65 or older? Yes No
- Is anyone in your household blind? Yes No
- Is anyone in your household incapacitated/disabled? Yes No
- Is there a child in the home that has a deceased parent? Yes No
- Is there a child in the home that has an absent parent? Yes No
- Is there a child in the home where both parents are unemployed or are working less than 100 hours per month? Yes No

Please note: Optional voluntary demographic and any health status information are collected to improve the quality of care.

*This Application

- Is this your initial household application for this year? Yes No
- What is the life event causing you to re-apply?
- When did this event occur?
- I agree to consent for verification. Yes No

Your Consent to Verification

We will keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health insurance. We will check your answers using information in our electronic databases and the databases of our partner agencies. If the information does not match, we may ask you to send us proof.

Important: As part of the application process, we may need to retrieve your information from other government agencies such as IRS, Social Security and Department of Homeland Security. We need this information to check your eligibility for health insurance or help paying for health insurance; if you choose to apply, and give you the best service possible.

Exit

Next

Important Information for Applicants and CBOs

The screenshot displays the MyBenefits CalWIN website for San Diego County. The header includes the logo and navigation links for Home, FAQs, Contact Us, and Help. A secondary navigation bar contains buttons for People, Income, Resources, Expenses, Finish, and Submit. The main content area is titled 'Apply for Benefits' and features a section for 'Important Information for Applicants' with three sub-sections: 'Important Information for Applicants', 'Immigrant Applicants', and 'Social Security Number (SSN)'. At the bottom right, there are 'Exit' and 'Next' buttons.

MyBenefits CalWIN San Diego County

MyBenefits CalWIN Home ? FAQs Contact Us Help

People Income Resources Expenses Finish Submit

Apply for Benefits

Important Information for Applicants

Important Information for Applicants

You can complete this application and request health insurance for you and your non-custodial child. However, CalHEERS will not be able to determine your non-custodial child's eligibility for Medi-Cal health insurance benefits. In order to determine Medi-Cal health insurance eligibility for your non-custodial child, CalHEERS will need to know additional information about family members who live with your non-custodial child, such as the child's biological parent, step-parent, and any biological, step, and adopted siblings. If you wish your child to be evaluated for Medi-Cal eligibility, please ask the custodial parent to apply for Medi-Cal health insurance benefits on behalf of your non-custodial child.

Immigrant Applicants

You can apply for and get CalFresh for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for CalFresh for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.

You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for CalFresh because of immigration status and who are not asking for CalFresh.

Using CalFresh will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

Social Security Number (SSN)

Your social security number (SSN) will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the CalFresh Program may result in criminal or civil action or administrative claims.

Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

Exit Next

Applicant's Information

People

Income

Resources

Expenses

Finish

Submit

3%

Apply for Benefits

People – Your Info

These questions are about you.

Fill out as much of this application as you can, sign, and submit online. Your application will be effective from the business date your online application is received. Applications submitted online after 5:00 pm will be effective the next business day. If our office is closed on a working business day due to any reason except holidays, your online application will be considered filed on the day the office is closed when submitted before 5:00 pm.

For CalFresh applications: You have the right to submit an application with just your name, address and signature to establish your filing date for benefits.

*Your name

First Name

Middle Initial (optional)

Last Name

Maiden/Other Name (optional)

Suffix (optional)

*Where you live

What county do you live in?

Are you [homeless](#)?

Yes No

Home Address

Is your Home Address permanent?

Yes No

Address Type:

- Is this address a Street Address?
- Is this address a Rural Route Address?
- Is this address a PO Box Address?
- Do you get your mail at the Post Office General Delivery?

Mailing Address

Is your mailing address the same as your home address?

Yes No

Applicant's Information

People	Income	Resources	Expenses	Finish	Submit
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8%

Apply for Benefits

***People – Your Info**

Date of Birth mm/dd/yyyy

Gender? Male Female

Please select your marital status

***Apply for Aid**

Are you applying for Insurance Affordability Programs (IAP), Medi-Cal/Health Care? Yes No

***Social Security Number**

Social Security number is optional for members not applying for benefits.

Do you have a Social Security Number? Yes No

If yes, enter Social Security Number or

Check this box if you do not know this person's Social Security Number

If no, have you applied for a Social Security Number? Yes No

Reason for no SSN

Other

Individual Taxpayer Identification Number (ITIN)

Adoption Taxpayer Identification Number (ATIN)

Applicant's Information

   **Contact Information**

*** Please provide a phone number or email address.**

If you do not have a phone or an email address please check this box: I do not have a phone or an email address.

Area Code	Phone number	Email address	
Contact Phone:	<input type="text"/>	<input type="text"/>	
Alternate/Cell Phone:	<input type="text"/>	Alternate email address	<input type="text"/>
Message/Work:	<input type="text"/>	Extension:	<input type="text"/>

What is the best way for the county to contact you?

*Disclaimer - supported communication methods vary by county.

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M.?

What is your preferred method of communication?

What language do you prefer to speak (if not English)?

We may send you written information in the future. What language do you prefer to read (if not English)?

The County now offers options to receive information about your case by email. The questions below let us know your interest and will not sign you up for emails. Your answers will not prevent you from getting information mailed to you. Learn how to sign up to receive [Electronic Notices](#)

I want to get information about this application by email Yes No

I want to get information about my case by email Yes No

 **Why wait for the mail?**
[Learn how to update your contact settings](#)

Electronic Notices Information

How to sign up to receive Electronic Notices

How to Sign up to receive your County notices online

There are a few things that you need to do in order to receive notices electronically (eNotices).

1. You must have an email address.
2. You must create a [MyBenefits Account](#)
3. You must have a case (which will be created for you once the county receives your application, usually takes one to three days after an application has been submitted).
4. You must sign the Electronic Notification Agreement located in Contact Settings.

Follow these steps to setup your eNotices inbox in MyBenefits CalWIN:

1. Sign-in to MyBenefits CalWIN. If you do not have a MyBenefits CalWIN account, create one now by clicking the **Create A MyBenefits Account** link on the home page.
2. Once signed into MyBenefits CalWIN, select Contact Settings from the top menu bar.
3. Select a case from the dropdown menu
4. Verify that your email is correct. This is the address where emails will be sent when an eNotice is available to view online in your MyBenefits CalWIN eNotice inbox.
5. Select "Yes" when asked if you want to receive your notifications by email.
6. Select whether you want to receive eNotices by email, or both regular mail and email.
7. If you have more than one case, you will need to repeat these steps for each case.
8. Select "Save" to save your changes.

How to view notices in Documents

If you have signed up for eNotices you will have the ability to view documents from the County telling you information about your benefits. When you choose a document listed in the inbox, it will display the notice in your default PDF viewer on your computer. You can change (filter) the number of documents listed by using the dropdown fields for case and date.

Note: Use the link to download the Adobe Acrobat Reader if you don't have a PDF viewer already installed, or have one that is not supported or is outdated.

Follow these steps to view your notices online:

1. Select Documents from the top menu.
2. The eNotice Inbox page will display.
3. Select the type of notices and the date range and select the **Go** button.
4. Your documents will display.
5. Select the name of the document to open the document.
6. Your notices will be available for viewing six months from the date the notice was sent to your inbox. Notices older than six months will not display in the inbox.

CBO's will not be able to view electronic notices.

For a customer to use this option they will need to create their own MyBCW account and sign up for electronic notices (eNotices) through the MyBCW site.

Note: They must have a case in the county system in order to sign up for eNotices.

Applicant's Information continued

People	Income	Resources	Expenses	Finish	Submit
4%					

Apply for Benefits

Expedited and/or Immediate Assistance

It is important to let the county know if you have an emergency. Please complete the following questions

*CalFresh Expedited Benefits

- Is your household's gross income less than \$150 and cash on hand, checking and savings accounts of \$100 or less? Yes No
- Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities? Yes No
- Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100? Yes No

Keep Working or Submit Application??

The client can choose to submit the application as is on this screen. This could extend the application process as the county would have to mail a paper application for the client to complete and submit their required documentation. If the client keeps working on their application they can answer majority or all required questions and submit their documents with the application via MyBenefits CalWIN.

From this point forward, if the application includes a request for CalFresh benefits the applicant will have the option to “submit now”. As mentioned above this could extend the application process if the application is submitted with limited information being provided.

People Income Resources Expenses Finish Submit

5%

Apply for Benefits

Electronic Signature

Persons completing this electronic application must read and sign below:

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

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- My answers to the questions are true, correct, and complete to the best of my knowledge.
- Any answers I may give for my application process will be true and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities.
- I read, or had read to me, the Program Rules and Penalties.
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. 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 and cash aid.
- 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.
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements or other third parties.

* By checking this box and typing my name below, I am electronically signing my application.

Signature of Applicant, Caretaker Relative (or Adult household member/Authorized Representative/Guardian)

* First Name	Middle Initial	* Last Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	5/19/2016

Signature of Spouse, other Parent, other Aided Adult or Registered Domestic Partner (per state law)

First Name	Middle Initial	Last Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	5/19/2016

Save and Submit Back Exit Next

Applicant's Information continued

People Income Resources Expenses Finish Submit

7%

Apply for Benefits

   **People – Your Info**

Race/Ethnicity

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

Check this box if you do not want to give the County information about your race and ethnicity.
If you do not, the County will enter this information for civil rights statistics only

Ethnicity

Are you of Hispanic, Latino or Spanish origin? Yes No

If you are of Hispanic, or Latino origin, do you consider yourself

Mexican Puerto Rican Cuban Other Specify

Please select your ethnicity.

White American Indian or Alaskan Native Black or African American

Other or mixed Specify

Asian (please select one or more of the following:)

Filipino Chinese Japanese Cambodian

Korean Vietnamese Asian Indian Laotian Other Asian Specify

Native Hawaiian or Pacific Islander (please select one or more of the following:)

Native Hawaiian Guamanian or Chamorro Samoan

   **Assistance during an interview**

The County will provide an interpreter at no cost to you.
If you are deaf or hard of hearing please check here

* Do you have a disability and need help applying? Yes No

Save and Submit Submit Now ← Back Exit ✕ Next →

Applicant's Information continued

People	Income	Resources	Expenses	Finish	Submit
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8%

Apply for Benefits

   ***People – Your Info**

Date of Birth mm/dd/yyyy

Gender? Male Female

   ***Social Security Number**

Social Security number is optional for members not applying for benefits.

Do you have a Social Security Number? Yes No

If yes, enter Social Security Number or

Check this box if you do not know this person's Social Security Number

If no, have you applied for a Social Security Number? Yes No

Note: The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, 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 CalFresh. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

Save and Submit Submit Now Back Exit X Next

Applicant's Information continued

People – Your Info

These questions are about you.



*Prior Aid

Has anyone in your household ever received public assistance (CalWORKs/Temporary Assistance for Needy Families, Tribal TANF, Medicaid, Supplemental Nutrition Assistance Program [CalFresh or food stamps], General Assistance/General Relief, etc.)? Yes No

Type(s) of Aid/Benefit

Name(s) Used

Date received mm/dd/yyyy

Received Where:

County

State



Your Interview

The CalWORKs/RCA programs requires that you complete a face-to-face interview. Other programs interviews can be completed either by phone or in person. However, if CalWORKs or RCA is applied for all other programs can be completed at the same time. A Worker will contact you to schedule your interview.

* What type of interview do you want?

- In Person
- By Phone
- Need other arrangements due to a disability



*Household's Authorized Representative

You may authorize someone 18 years or older to help your household with your CalFresh benefits. The 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? Yes No

[Authorized Representative Name](#) * First Name * Last Name
Authorized Representative Phone number

* Do you want to name someone to receive and spend CalFresh Benefits for your household? Yes No

* First Name * Last Name

Address Type:

- Is this address a Street Address?
- Is this address a Rural Route Address?
- Is this address a PO Box Address?

Applicant's Information continued

If there are others in the home the applicant would select yes on this screen.

The screenshot shows a web application interface for 'Apply for Benefits'. At the top, there is a progress bar with six tabs: 'People' (selected), 'Income', 'Resources', 'Expenses', 'Finish', and 'Submit'. Below the progress bar, a progress indicator shows '18%' completed. The main content area is titled '*People in Your Home' and includes a sub-header 'You have told us about'. A profile card for 'John' is displayed. Below this, a question asks 'Is there anyone else in your home?' with radio button options for 'Yes' and 'No'. At the bottom right, there are four buttons: 'Submit Now', 'Back', 'Exit', and 'Next'.

People Income Resources Expenses Finish Submit

18%

Apply for Benefits

 *People in Your Home

You have told us about


John

Is there anyone else in your home? Yes No

Submit Now Back Exit Next

Summary of Basic Information for Persons in the Home

At the end of each section a summary is displayed of information submitted by the client. The client may change any errors that have been entered or remove a person who may not be in the home, but was entered in error. This is the only page a person can be removed.

People Income Resources Expenses Finish Submit

25%

[Apply for Benefits](#)

People in Your Home

Here is some information you told us.

If you need to change any information click the Change button.

If you need to remove a person click the Remove button.

People Summary

Household Member	Information	Action
 John	Birth date is 9/9/1979 Does not know Social Security Number Contact phone is (619) 382-0149 Best way to get in touch is by phone	Change

[Save and Submit](#) [Submit Now](#) [← Back](#) [Exit ×](#) [Next →](#)

Applicant's Information continued

apply for benefits

Great job so far!

Remember you can skip any questions that don't have an *

People in Your Home

Here are questions about immigration status. Getting Food Stamps and Insurance Affordability Programs (IAP) will NOT affect your immigration status or the immigration status of your family.

Even if you are not a US citizen and are not a Legal Permanent Resident, you may be able to get Food Stamps for your children or other family members that are US citizens or Legal Permanent Residents.



US Citizen Information

Only answer the question below for each person applying for benefits.

You have told us that you are applying for benefits for the following person(s):

Please indicate each person's citizen/noncitizen status



John

- U.S. Citizen/National
- Noncitizen
- Naturalized

Save and Submit

Submit Now

← Back

Exit ×

Next →

Applicant's Information continued

Apply for Benefits

People in Your Home

Next we will ask you about the health of the people in your household.

*Disability

Does anyone have a physical, mental, emotional or developmental disability that causes limitations in activities (such as bathing, dressing, daily chores)?

No one



John

*Care Needed by Household Member

Is there a child or disabled person in the household who needs care from another household member?

No one



John

Save and Submit

Submit Now

← Back

Exit ×

Next →

Other Services

Apply for Benefits

People in Your Home

Next we will ask you about the health of the people in your household.

Other Services

The following services are available. Your answers to the questions will not affect your eligibility.

Regular check-ups to help protect your family's health available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible member of your family under age 21.

Do you want more information about CHDP services? Yes No

Do you want CHDP medical services? Yes No

Do you want CHDP dental services? Yes No

Do you need help making appointments or with transportation to CHDP services? Yes No

Do you want more information about immunization services? Yes No

If you are pregnant, you can get help finding a doctor, getting healthy foods and other help.

Do you want to talk to someone about this help? Yes No

Are you breastfeeding a child? Yes No

If yes, have you given birth within the last 12 months? Yes No

If you checked yes, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC)

Do you want WIC services? Yes No

Do you or any family member want free or low-cost family planning services to help plan how to prevent unwanted pregnancies and/or have the next child? Yes No

If yes, call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054 [↗](#).

 For information about any of the following programs, check the box(es) below and information will be sent to you. For more information visit the website, www.dhcs.ca.gov

- Personal Care Service Program (PCSP). A program for In-home care.
- Access for infants, and Mothers (AIM). A program to help pregnant women with moderate income
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Save and Submit

Submit Now

← Back

Exit ✕

Next →

Additional Information of Persons in the Home

*Duplicate Benefits

Have you, or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program) benefits in any State after September 22, 1996.

No one



John

*Trafficking Benefits

Have you, or any member of your household, ever been convicted of trafficking (allowing use of or of selling EBT cards to others) SNAP benefits of \$500 or more after September 22, 1996?

No one



John

*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?

No one



John

*Trading Benefits for Firearms or Explosives

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunitions or explosives after September 22, 1996?

No one



John

*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?

No one



John

Save and Submit

Submit Now

 Back

Exit 

Next 

Additional Information of Persons in the Home continued

Apply for Benefits



*Other Housing

Does anyone live in any of the following?

No one



John

- Homeless shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Correctional facility/Penal institution (Jail or Prison)
- Group living arrangement for the blind/disabled
- Federally subsidized housing
- Psychiatric hospital/mental institution
- Hospital
- Long-Term Care or Board and Care Facility



*Food Program

Does anyone take part in any food program like those listed below?

No one



John

- Communal dining facility for elderly or disabled
- Food distribution program operated by a Native American reservation
- Other Food Program

Save and Submit

Submit Now

← Back

Exit ×

Next →

Additional Information of Persons in the Home continued

Apply for Benefits

*Prior Aid

Has anyone received cash aid, food assistance (CalFresh), or IAP/Medi-Cal?

No one



John

*U.S. Military Service

Has anyone been in the U.S. Military service or are they the spouse, parent or child of a person who was?

No one



John

Save and Submit

Submit Now

← Back

Exit ×

Next →

Summary of Information of Persons in the Home

People Summary screens are the only pages the applicant can remove or edit a person included on the application.

[Apply for Benefits](#)

People in Your Home

You are doing great John!

Here is some information you told us.

If you need to change any information click the Change button.

   **People Summary**

Household Member	Information	Action
 John	U.S. Citizen	Change

[Save and Submit](#) [Submit Now](#) [← Back](#) [Exit ×](#) [Next →](#)

Income of Persons in the Home

For each questions answered showing a person has income or is in school will open a new window which will require further questions to be answered.

Apply for Benefits

Income

You are doing great John!

   ***Job Income**

Who is currently employed or self employed or is expecting to work in the next two months?

- A job is a paycheck received from an employer
- Self employment is receiving cash or a check for work using your own tools and/or materials
- Include any paid jobs the County helped you get

No one

 John

Job

Self Employed

   ***Other income**

Does anyone, including children, receive income from any of the sources listed below?

<ul style="list-style-type: none">■ Alimony■ Cash assistance (CalWORKS, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)■ Child support■ Educational grants, loans and/ or scholarships■ Investment Income■ Farming or Fishing■ Meals and/or room	<ul style="list-style-type: none">■ Other disability, retirement, survivors■ Per capita payments■ Rail Road retirement board (Disability or Retirement)■ Rental Income■ Royalty Income■ Social Security Benefits or SSI/SSP■ State Disability Income (SDI)	<ul style="list-style-type: none">■ Strike pay/benefits■ Unemployment Benefits■ Winnings (bingo, lottery, gambling, etc)■ Workers Compensation■ Veterans Administration payments (Disability, Education, etc)■ Other
--	--	---

No one

 John

Income of Persons in the Home continued

Apply for Benefits

Income

You told us that John is employed or is expecting to work in the next two months. Please complete the following.



John

John's Employer

* Employer Name

Employer Address Type:

- Is this address a Street Address?
- Is this address a Rural Route Address?
- Is this address a PO Box Address?

Employer Phone Number:

Average Hours per Week:

* How often paid

* Gross Income per Pay Period: \$

Hours Worked per Pay Period:

"Gross income" is the amount of money earned before taxes and other deductions are taken out of the paycheck. Include tips, bonuses and overtime pay in the amount of money earned.

Is this income expected to continue? Yes No

If no, please explain:

Please complete the fields above to enter your Employer information. When you are finished, click Add. The information you entered will display as a row in the table below. You can add as many Employers as you wish. You can delete a row from the table below by clicking Delete at the end of the row. If you entered information that is incorrect you can use the Clear button to clear the fields. You must click Next to save any changes (adds or deletes) that you have made.

Income of Persons in the Home continued

Apply for Benefits

Income

John, you are making great progress.

*Quit or Refused work or training

Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last year?

No one



John

*Is anyone on strike?

No one



John

*Education

Is anyone 16 or older attending a college or vocational school?

No one



John

Save and Submit

Submit Now

← Back

Exit ×

Next →

Income Summary

Apply for Benefits

Income

You are doing great John!

Here is some information you told us.

If you need to change any information click the Change button.



Income Summary

Household Member	Information	Action
 John	Income : No income	Change

Save and Submit

Submit Now

← Back

Exit ×

Next →

Resources of Persons in the Home

Similar to the income section any questions answered showing a person has a resource a new window will open that will require further questions be answered.

 *Resources - Accounts

Does anyone in your household, including children, have any of the resources listed below?
Note: Optional for health care; only answer if someone applying is 65 or older or disabled.

- Checking accounts
- Savings accounts
- Credit union accounts
- Certificates of deposit
- Money market funds

No one



John

 *Resources - Other

Does anyone in your household, including children, have any of the resources listed below?
Note: Optional for health care; only answer if someone applying is 65 or older or disabled.

- Annuities, Trust Funds, IRA or Keogh plans, etc.
- Burial trusts, contracts, insurance, designated money for cemetery plots or other burial items
- Business Property tools, equipment, etc.
- Cash or checks
- Life insurance
- Lottery or casino winnings
- Notes, mortgages, deeds of trust, contracts of sale, etc.
- Oil, mining or mineral rights
- Personal tools
- Retroactive social security
- Safe deposit box
- Savings Bonds
- Stock, mutual funds and/or bonds
- Tax refunds
- Include items such as: artworks, livestock for personal use, sporting equipment, tools, guns, antiques/collectables, musical equipment, non-motor boats, camper shells, non-motor trailers, jewelry over \$100.00, personal tools, safe deposit box, savings bonds, EBT cash balance from previous month, etc.

No one



John

Summary of Resources of Persons in the Home

Resource

Here is some information you told us about resources in your household.

If you need to change any information click the Change button.

Resource Summary

Household Member	Information	Action
 John	No Resources Reported	Change

[Save and Submit](#)[Submit Now](#)[← Back](#)[Exit ×](#)[Next →](#)

Expenses in the Home

Expenses

You are doing a great job!

*Housing Expenses

Housing expenses are rent, mortgage payments, property taxes, assessments, home insurance, temporary housing.

Does anyone you purchase and prepare food with get billed for any household expenses?

No one



John

*Utility Bills

Utility bills are gas, electricity, propane, water, sewage, garbage, telephone or cell phone.

Who pays utility bills?

No one



John

*Low Income Home Energy/Assistance program (LIHEAP)

Does your household receive, or expect to receive, payment from the Low Income Home Energy Assistance Program (LIHEAP)?

Expenses

You are doing great John!

*Household's Child/Adult Care Expenses

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?

No one



John

*Child Support

Who pays child support payments?

No one



John

*Medical Bills

Does anyone want help for medical bills from the last three months?

No one



John

Save and Submit

Submit Now

← Back

Exit ✕

Next →

Summary of Expenses

Expenses

Here is some information you told us.

If you need to change any information click the Change button.

Expense Summary

Household Member	Information	Action
 John	Expenses : No expenses	Change

[Save and Submit](#)[Submit Now](#)[← Back](#)[Exit ×](#)[Next →](#)

Submitting Documents with Application

Submit Documents

You can upload documents to your application. This is recommended particularly if you are applying for more than one benefit. By uploading your documents to your electronic application, your application may be processed more quickly. [View a list of verifications and documents you may be required to provide.](#)

If you do not have all the documents, the County representative can help you get them during the interview.

Click the Upload button to view a detailed list for a household member and upload documents.

If you are a Community Based Organization (CBO) and would like to upload a Telephonic Signature, Select the Document Category of **"Identification"** then select the Document Type of **"Telephonic Signature"** and upload the file.

List of verifications and documents will be shown on the next slide



Documentation Information

Based on the information provided, you will need to provide verification of the items listed in the Documents Requested Column below, if applicable.

For CalFresh:

- All documents and forms must be verified through the Systematic Alien Verification for Entitlement (SAVE). Verification of immigration status shall only be required for those noncitizen household members who are applying for CalFresh. The I-688 is not acceptable verification document; the I-94 is acceptable depending as to what type of information is provided on the form and if USCIS approves of such information.
- Only Social Security Numbers are required to be verified in CalFresh. Proof of application for SSN will suffice if no number exists.

Insurance Affordability Programs (IAP)

In order to assist the county with your eligibility determination for IAP you may upload the following verifications to your application for everyone in your household who is applying.

Household Member	Documents Requested	Uploaded	Action
 John	Birth/Citizenship Identification Social Security Number Residency		<input type="button" value="Upload"/>

Verifications and Documents that can be submitted with the Application

MyBenefits CalWIN



INTERVIEW CHECKLIST

To determine your eligibility for benefits, you may be asked to provide verification of your income, expenses, property and resources. Failure to provide this information may result in a delay in processing your application or a denial of your request for aid.

Listed below are some of the verifications and documents you may be required to provide. Please provide all of the items below that apply to you and your household.

- Non-Citizen Sponsor's Statements
- Proof of Income such as:
 - Pay Stubs or other proof of earnings
 - Social Security and Veteran Benefit Award Letters
 - School Grants/Loan Statements
 - Child Support papers showing awards by the courts
 - Unemployment printouts/stubs
 - Disability/Workman's Compensation award letter/stubs
 - Statements of any other income
- Rent and Utility bills showing the address and person billed for the rent and/or utilities
- Property Tax Statements
- Real Estate, Mortgage, and Personal Property Loan Statements
- Cost of medical bills or receipts
- Cost of medical transportation
- Child care receipts
- Proof of Court Ordered Child Support you pay
- Statement of school expense for household members
- Personal Property and/or resource documents such as:
 - Vehicle Registrations and Payment Books
 - Checking Account Statements
 - Savings Account Statements or Bank Records
 - Insurance Policies
 - Property Trust Deeds
 - Mortgage Bills
- Verification documents such as:
 - Identification for anyone over the age of 18 who lives in the home
 - Social Security Cards
 - Documentation of Naturalized Citizenship Status/Non-Citizen Status
 - Proof you applied for Disability Benefits or Unemployment Benefits
 - School or Training Enrollment/Attendance Documentation
 - Registration for Work with Employment Development Department (EDD)
 - Doctor's Statement
 - Verification about settlements such as Lawsuits and Insurance Claims
 - Immunization Verification for all children ages six years and younger
 - Birth Verification
 - Proof of pregnancy
 - Marriage/Divorce Documents
 - Health Insurance policies and premiums paid
 - Conservator, Guardianship, Power of Attorney papers

Close

Attaching Documents



San Diego County

MyBenefits CalWIN
Home
FAQs
Contact Us
Help

People
Income
Resources
Expenses
Finish
Submit

97%
Apply for Benefits

Submit Documents Detail

Instructions

- 1) Review the examples of acceptable documents below for each category
- 2) Identify the document category of the document you will be submitting
- 3) Click upload or scan to upload the document
- 4) Multiple documents are allowed for each category if needed
- 5) Click Next when finished uploading the documents

Note: if you provide a document that is requested for two or more categories you only have to provide/upload the document one time.



John

Document Categories	Examples of Acceptable Documents	Action	Submitted Documents
Birth/Citizenship	<p>One of the following:</p> <ul style="list-style-type: none"> ■ Birth certificate ■ U.S. Passport ■ INS (USCIS) documents ■ Immigration papers/forms/cards ■ Non-Citizen Number/Card ■ Other 	<p>Upload or Scan</p>	
Identification	<p>One of the following:</p> <ul style="list-style-type: none"> ■ Drivers license or ID card ■ Birth certificate ■ U.S. Passport ■ Paychecks ■ Other 	<p>Upload or Scan</p>	
Social Security Number	<p>One of the following:</p> <ul style="list-style-type: none"> ■ Social Security cards ■ Award letter ■ Medicare card ■ Other 	<p>Upload or Scan</p>	
Residency	<p>One of the following:</p> <ul style="list-style-type: none"> ■ Drivers license or ID card ■ Rent or mortgage receipt ■ Utility bill ■ Child's School records ■ Other 	<p>Upload or Scan</p>	

[← Back](#)
[Exit ✕](#)
[Next →](#)

Attaching Documents continued

Apply for Benefits

Upload Document Detail

Instructions

- 1) Select document type
- 2) Browse for and select document file
(Acceptable file types are xls,txt,pdf,doc, rtf,htm,gif, jpe,jpeg,jpg,png,tif,tiff,bmp)
- 3) Upload Document
- 4) Repeat to upload multiple documents

Note: Uploaded documents which are password protected cannot be viewed by your worker. Please remove any password protection associated with the document.

* Document Type:

* File name:



Register to Vote

People

Income

Resources

Expenses

Finish

Submit

Apply for Benefits

Would you like to Register to Vote?

You may register to vote in California if:

1. You are a United States citizen.
2. You are a resident of California.
3. You are at least 18 years of age (or will be by the date of the next election).
4. You are not in prison or on parole for a felony conviction.
5. You have not been judged by a court to be mentally incompetent.

Important Notices

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration application form, please call 1-800-357-VOTE (8683) for assistance. The decision whether to seek or accept help is yours. You may fill out the application form in private.
3. If you decline to register to vote here today, that information is confidential and may not be used for any purpose other than voter registration. If you register to vote here today, the agency or office at which you are registering is confidential.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.
5. If you move to a new address, or if you change your name or want to change your political party preference, you must fill out a new voter registration card.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check One)

- Already registered. I am registered to vote at my current address.
- Yes. I would like to register to vote.
- No. I do not want to register to vote.

To complete the CA Voter Registration form please access the CA Secretary of State Voter Registration web-site link found on the following page.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

First Name

Middle Initial

Last Name

Applicant Name

← Back

Exit ×

Next →

As soon as you hit Next, the application will be submitted

Confirmation of Application Submitted

Apply for Benefits

Application Submitted

John, you are done.

[Print/Save Confirmation Page](#) 

Thank You

Thank you for using MyBenefits CalWIN. Please print a copy of this page and keep for your records.

Your tracking information is:

Confirmation Number: 000795790

Date: 5/19/2016

Time: 1:26 PM

Your application has been submitted to the following programs.

- CalFresh

[Print/Save](#) 

Please note: CalWORKs/Refugee Cash Assistance, County Medical Services Program (CMSP), CalFresh and Insurance Affordability Programs (IAP) use the same application.

Please print a copy of each application or report for your records.

To complete the CA Voter Registration form, please access the web-site. [CA Secretary of State Voter Registration](#)

Next Steps

CalFresh

You will get an answer about your CalFresh application within 30 days of your filing date. Your filing date is the date you sign and submit your application before 5:00 p.m., PST, using this website. If you submit your application after 5:00 p.m. or on a weekend or holiday, your filing date is the next business day.

Your case will be assigned to a CalFresh worker. He or she will contact you within a few days to schedule an interview. If there are additional verifications needed, your worker will let you know what to submit.

You may be entitled to a telephone interview if there is a hardship in getting to the office. Please let your worker know if it will be difficult to appear in person at the office. Otherwise, an office interview will be scheduled.

Email Confirmation

Email Address

[Send Confirmation Email](#)

Retype Email Address

[Exit](#) 

[Next](#) 

[Create New](#) 

MyBenefits CalWIN

Resources

CBO Support for MyBenefits CalWIN

- MyBenefits CalWIN @ www.mybenefitscalwin.org
- For any problems CBOs should contact the Eligibility Operations Help Desk @ 619.515.6700 or via email calwinhd@sdcounty.ca.gov

Customer Support for MyBenefits CalWIN

- For any problems the customer should contact Access @ 888-262-9881