

**Benefits CalWIN (BCW)
Online Resource for
Health & Nutrition
Benefits**





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

[Create New Account](#)

MyBenefits CalWIN

[See if I Am Eligible](#)[Apply for Benefits](#)[Report My Changes Or Renew Benefits](#)

MyBenefits CalWIN

- See if you are eligible for other assistance programs
- Apply for benefits or Continue an application
- Submit your reports or renew your benefits online

Get More Information About Available Programs



Cash Aid Options



Food & Nutrition



Medical Services



Required Reporting

Benefits CalWIN

Online Resource for Health & Nutrition Benefits

BCW Summary

- Client may pre-screen for potential eligibility to CalWORKs ,CalFresh, and/or Medi-Cal
- Client may complete an online application for benefits
- BCW advises the client of their Rights & Responsibilities
- Application is signed & dated electronically
- Client may attach verification(s) to the application
- Once application submitted, client is given a BCW Tracking Number

Select a County



Your online benefits resource

English | 中文 | Español |
Русский

[Home](#) [Benefits](#) [Contact Us](#)

Select your County of Residence

We need to know the County in California where you live. Select your County:

Alameda	Kings	Placer	Shasta
Alpine	Lake	Plumas	Sierra
Amador	Lassen	Riverside	Siskiyou
Butte	Los Angeles	Sacramento	Solano
Calaveras	Madera	San Benito	Sonoma
Colusa	Marin	San Bernardino	Stanislaus
Contra Costa	Mariposa	San Diego	Sutter
Del Norte	Mendocino	San Francisco	Tehama
El Dorado	Merced	San Joaquin	Trinity
Fresno	Modoc	San Luis Obispo	Tulare
Glenn	Mono	San Mateo	Tuolumne
Humboldt	Monterey	Santa Barbara	Ventura
Imperial	Napa	Santa Clara	Yolo
Inyo	Nevada	Santa Cruz	Yuba
Kern	Orange		

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NVRA & County Specific Info



San Diego County
Your online benefits resource

English | 中文 | Español |
Русский

Home Benefits Contact Us

National Voter Registration

The following website link will explain voter registration requirements and provide you with the process to be completed
<http://RegisterToVote.ca.gov/>

At this website link you can register to vote or change your address on your current voter registration information.

For further voter registration assistance you may call the toll free numbers below:
1-800-354-VOTE (8683) – English and TDD 1-800-232-VOTA (8682) – Spanish 1-800-339-2857 - Chinese

County Announcement

Welcome to San Diego Benefits CalWIN(BCW)! BCW will allow you to apply for Medi-Cal and/or CalFresh (formerly Food Stamps) benefits online and from the privacy of your own home. No more waiting in long lines, no more taking time off from work. BCW is available 24/7!



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Getting Started



San Diego County
Your online benefits resource

Am I Eligible

Getting Started

10 Minutes

It will take about 10 minutes to complete Am I Eligible.

Things you may need

- a copy of your pay stub
- bills you pay, like rent, utilities and childcare

Your information is secure

The information you put in "Am I Eligible" is NOT seen by anyone but you.

User ID and password

We recommend that you create a User ID and password so you can save your information and return to it later. Once you create the User ID, you can exit at any time and your information will be saved. To return to your information later click Login.

* What would you like to do?

- Start "Am I Eligible" without creating a User ID and password
- Create a new User ID and Password

CalWORKS Rules

[Special Rules for CalWORKS](#)

Student Rules

[Special Student Rules for Food Stamps](#)



Benefits CalWIN

Setting up a User ID and password

- Applicant completes the below information & selects a category as instructed
- Various pictures are displayed, Applicant selects a photo and clicks the 'Submit' button

First Name * M.I. Last Name *

Mark Tester

Email

mark.test@gmail.com

User ID * Your userid should be easy to remember. Password should be 8 to 20 letters and numbers.
markmyword

User Password * Confirm User Password *

●●●●●● ●●●●●●

Pick a category below and then choose a picture that you will remember. If you forget your password, you will be asked to pick the same picture to recover your password. *

[Animals](#) [Birds](#) [Plants](#) [San Francisco](#) [Sky](#)

NOTE: Passwords must contain 8 to 20 characters: both letters and numbers. Passwords must not contain any spaces or any special characters.

Pick a category below and then choose a picture that you will remember. If you forget your password, you will be asked to pick the same picture to recover your password. *

[Animals](#) [Birds](#) [Plants](#) [San Francisco](#) [Sky](#)



Submit Cancel

Benefits CalWIN

The client clicks the check-box for Medi-Cal.

The screenshot shows the Benefits CalWIN San Diego County website. The header includes the logo and the text "San Diego County" and "Your online resource for Health and Nutrition Benefits". A navigation bar contains links for Home, Benefits, Contact Us, and Log In. Below this is a menu with buttons for People, Income, Resources, Expenses, Finish, and Submit. The main content area is titled "Apply for Benefits" and contains a form with the question "What would you like to apply for?". There are two options: "Food Stamps" (unchecked) and "Medi-Cal" (checked). The "Medi-Cal" option is highlighted with a blue box and an arrow from the text on the left. Below the form are buttons for Exit, Help, and Next. The footer includes "Privacy Notice", "Version 3.0.0.0", and a VeriSign Secured logo.

Benefits CalWIN San Diego County
Your online resource for Health and Nutrition Benefits

Home Benefits Contact Us Log In

People Income Resources Expenses Finish Submit

Apply for Benefits

What would you like to apply for?

Food Stamps
If you are without money for food, you may be able to get expedited Food Stamps in 3 days.
Do you want to apply for Expedited Food Stamps? Yes No

Medi-Cal

Exit Help Next

Privacy Notice Version 3.0.0.0



Benefits CalWIN

The client completes the following **People – Your Info** sections:

- **Your Name**
- **Where you live**

The orange bar above tracks the completion percentage of the online application process.

You can navigate back and forth in the application by pressing Back and Next

Additionally, you can also navigate between sections by pressing People, Income, et.al

People Income Resources Expenses Finish Submit

3%

Apply for Benefits

People – Your Info
These questions are about you.

* **Your name**

First Name
Middle Initial (optional)
Last Name

* **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?

* Number * Street Name Street Predirectional Street Type Street Postdirectional Unit Type Unit #

* City * State * Zip Code

Mailing Address

Is your mailing address the same as your home address? Yes No

[Clear Address](#)

← Back Help Next →

People Income Resources Expenses Finish Submit

Benefits CalWIN

Client completes the following sections:

- **People - Your Info**
- **Contact Information**

People	Income	Resources	Expenses	Finish	Submit
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9%

Apply for Benefits

* People – Your Info

Date of Birth mm/dd/yyyy

Gender? Male Female

Does this person receive Supplemental Security Income/ State Supplemental Payment (SSI/SSP)? Yes No

Do you have a Social Security number? Yes No

If yes, enter Social Security Number - -

Are you permanently disabled? Yes No

Are you applying for Medi-Cal? Yes No

Contact Information

Area Code Phone number

Contact Phone: - - Email address

Alternate/Cell Phone: - - Alternate email address

What is the best way to get in touch with you?

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

Benefits CalWIN

The client completes the **People in Your Home** section



Apply for Benefits

* People in Your Home

You have told us about



MediCal

Is there anyone else in your home? Yes No

Benefits CalWIN

The client completes the **Person in Your Home** section

People	Income	Resources	Expenses	Finish	Submit
21%					

[Apply for Benefits](#)

People in Your Home

Please tell us about the next person in your home

*** Person In Your Home**

First Name

Middle Initial (optional)

Last Name

Date of Birth mm/dd/yyyy

Gender? Male Female

Receives Supplemental Security Income/State Supplemental Payment (SSI/SSP)? Yes No

Does this person 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

Is this person permanently disabled? Yes No

How is this person related to you?

Are you applying for Medi-Cal for this person? Yes No

Do you buy and cook food with this person? Yes No

* Is there anyone else in your home? Yes No

Benefits CalWIN

BCW displays the reported household members on the **People Summary** screen

People Income Resources Expenses Finish Submit

24%

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
 MediCal	Birth date is 10/21/1979 Does not receive SSI/SSP Social Security Number is 548-25-3575 Contact phone is (619) 444-5555 Email address is test.medical@hotmail.com Best way to get in touch is by phone	Change
	Birth date is 11/15/2002 Does not receive SSI/SSP Social Security Number is 123-51-3513 Child	Change Remove

Note: the client has the option to change or remove a family member

Benefits CalWIN

At this point in the process, the client has the option to **Keep Working or Submit** their application



Apply for Benefits

*** Keep Working or Submit**

Would you like to submit your application now?

If you submit your application now there is only enough information to begin processing these applications:

- Medi-Cal

You are not done. There are more questions left to answer. If you finish the entire application now it will help us process it more quickly. If you don't finish it now, you will have to answer all the questions during an interview.

Do you want to:

Keep working on my application

Submit my application now

Note: If the client selects “Submit my application now” without answering all the questions it will be considered an ‘application only’ and the client will subsequently be sent a Statement of Facts to complete

Benefits CalWIN

The client answers the following health questions:

- **Permanently Disabled**
- **Health Plans**
- **Pregnancy**

People in Your Home

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

* Permanently Disabled

A permanently disabled person is someone who receives one or more of these:

- Social Security disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency
- Medi-Cal and is under 65 years old with no children

[click here](#) for more information

Who is permanently disabled?

No one



MediCal



Child

* Health Plans

Does anyone have health, dental, vision, hospitalization or Long Term Care Insurance Plans?

No one



MediCal



Child

* Pregnancy

Is anyone pregnant?

No one



MediCal

Benefits CalWIN

The client answers additional questions about:

- Facilities and Programs
- Food Stamps Benefits Stopped
- Authorized Representative
- Medical Referral

*** Facilities and Programs**

Does anyone live in a facility or take part in any food program like those listed below?

No one

MediCal Child

- Homeless shelter
- Drug/Alcohol rehabilitation center
- Group living arrangement for the blind/disabled
- Psychiatric hospital
- Shelter for battered women
- Federally subsidized housing
- Food distribution program
- Mental institution
- Reservation for Native Americans
- Communal dining facility for the elderly/disabled
- Correctional facility/Penal institution

*** Food Stamps Benefits Stopped**

Have food stamp been stopped for anyone because of

- Work or training sanctions
- Failure to meet able-bodied adult without dependent (ABAWD) work requirements
- Intentional Program Violation
- Welfare fraud

No one

MediCal

Authorized Representative

If you would like to authorize someone to pick up your food stamps enter his/her information.

Name of person 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?

Phone number - -

*** Medical Referral**

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The client answers the following questions in the **Income** section:

- **Job Income**
- **School**
- **School or Training**
- **Quit or Refused work or training**
- **Is anyone on strike**



[Apply for Benefits](#)

Income

MediCal, you are making great progress.

* 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

No one



MediCal

Job

Self Employed

* School

Who goes to school?

No one



Child

* School or Training

Benefits CalWIN

The client answers the question regarding **Other Income**

Apply for Benefits

Income

You are doing great MediCal !

* Other income

- Cash assistance (CalWORKS, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)
- Child/Spousal support
- Educational grants, loans and/ or scholarships
- Meals and/or room
- Other disability, retirement, survivors
- Per capita payments
- Rail Road retirement board (Disability or Retirement)
- Rental Income
- Social Security Benefits or SSI/SSP
- State Disability Income (SDI)
- Strike pay/benefits
- Training allowances
- Unemployment Benefits
- Winnings (bingo, lottery, gambling, etc)
- Workers Compensation
- Veterans Administration payments (Disability, Education, etc)
- Other

Does anyone receive income from any of the sources listed above?

No one



MediCal



Child

Benefits CalWIN

BCW displays the reported income on the **Income Summary** screen

Income

You are doing great MediCal !

Here is some information you told us.

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

Income Summary

Household Member	Information	Action
 MediCal	Income : No income	Change
 Child	Income : No income	Change

Note: the client has the option to change a household members information

Benefits CalWIN

The client answers the following questions in the **Resource** section:

- **Resources - Accounts**
- **Resources - Other**
- **Real Estate Property**
- **Property Transfer**

Progress bar with tabs: People | Income | **Resources** | Expenses | Finish | Submit

85%

Apply for Benefits

*** Resources - Accounts**

Does anyone in your household, including children, have any of the resources listed below?

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

No one

MediCal Child

*** Resources - Other**

Does anyone in your household, including children, have any of the resources listed below?

- Cash or checks
- Tax refund
- Retroactive social security
- Lottery or casino winnings
- Stocks and/or bonds
- Trust funds
- Oil, mining or mineral rights
- Other Assets

No one

Benefits CalWIN

The client answers questions about her checking account:

Resources - Accounts

You told us this person has one or more accounts, including checking, savings, credit union, certificates of deposit, or money market funds. Please enter information for each account owned.



MediCal

* Resource Account

Bank/Financial Institution Name	Account Type	Balance Value	Account Number
<input type="text" value="Wells Fargo"/>	<input type="text" value="Checking"/>	<input type="text" value="\$100.00"/>	<input type="text" value="123456789"/>

Are there any other accounts that this person owns? Yes No

Benefits CalWIN

BCW displays the reported income on the **Resource Summary** screen

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
 MediCal	\$100 in accounts	Change
 Child		Change

Benefits CalWIN

The client answers the following questions in the **Expenses** section:

- Child Care or Dependent Care
- Child Support
- Medical Bills

People	Income	Resources	Expenses	Finish	Submit
--------	--------	-----------	----------	--------	--------

94%

[Apply for Benefits](#)

Expenses

You are doing great MediCal !

If you and your husband/wife pay bills together, only select one person.

* **Child Care or Dependent Care**

Child care or dependent care is paid so someone can go to work, school, job training or to look for a job.

Who pays child care or dependent care for a person living in your home?

No one

MediCal

* **Child support**

Who pays child support payments?

No one

MediCal

* **Medical Bills**

Who has had medical bills in the last three months?

No one

Benefits CalWIN

BCW displays the reported expenses on the **Expense Summary** screen

People Income Resources **Expenses** Finish Submit

96%

Apply for Benefits

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
 MediCal	Expenses : No expenses	Change
 Child	Expenses : No expenses	Change

Benefits CalWIN

The client reads and checks the “I understand” check-box on the **Final Steps** (*Certification*) screen

Final Steps

You are almost done, MediCal ! You are 4 steps away from submitting your application.

* Step 1 - Certification

IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL

PRIVACY AND CONFIDENTIALITY NOTIFICATION

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get Medi-Cal benefits. The information will be used:

- By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
- By Administrative Vendor (AV) to process claims and make Benefits Identification Cards (BICs)
- By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-In and Social Security Numbers (SSNs).
- To verify alien status with the U.S. Department of Homeland Security (DHS) only for aliens who claim to be lawfully admitted for permanent residence or Permanently Residing in the U.S. Under Color of Law (PRUCOL) or Amnesty Aliens with a valid and current I-688 card. The information the DHS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
- By medical services providers and health maintenance organizations to certify eligibility.
- To identify health insurance coverage and take recovery actions.

MEDI-CAL APPLICANT/BENEFICIARY RIGHTS, RESPONSIBILITIES, AND UNDERSTANDINGS

I HAVE THE RIGHT TO:

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

I understand

Benefits CalWIN

The client reads and checks the “By checking this..” check-box on the **Electronic Signature** screen

People	Income	Resources	Expenses	Finish	Submit
--------	--------	-----------	----------	--------	--------



Apply for Benefits

Final Steps

Next you will sign the application electronically.

* Step 2 - Electronic Signature

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this application is true, correct, and complete.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. The electronic signature should be that of an adult household member or Authorized Representative.

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

First Name

Medical

Middle Initial
(optional)

Last Name

Test

Benefits CalWIN

The client has the option to scan documents or continue to the next page

People Income Resources Expenses Finish Submit

Apply for Benefits

Medi-Cal

You will need to provide documents as proof of the answers you gave.

Please provide ONE of the following from each category.

If you don't have all your documents your eligibility worker can help you get them during your interview.

Category	Documents
Identity of applicant	Birth certificate ■ driver's license ■ paycheck ■ voter registration card ■ school records ■ U.S. Passport
Residence	driver's license ■ check stub ■ rent or mortgage receipt ■ utility bill
Earned income	Dated check stubs for the last 30 days ■ statement from your employer ■ copy of last year's tax return
Other income	A current benefit check ■ copies of child support checks ■ alimony checks
Housing and Other bills	Mortgage or rent receipts ■ lease or statement from your landlord ■ property tax statement ■ utility bills
Medical bills	Only needed for household members who are aged 60 years or older or permanently disabled ■ billing statement ■ itemized receipts
Immigration status	Permanent Resident Card, T or U visa
Social Security Numbers	Social Security cards

Scan Documents

You can attach documents to your application. This is recommended particularly if you are applying for more than one benefit. By attaching your documents to your electronic application, your application will be processed more quickly!

Before you can attach documents you will need to scan the documents into a computer.

Important - if you haven't created a user ID and password it is recommended that you do so now to save your information, because scanning documents can take several minutes to complete.

* Step 3. Attach Scanned Documents

Would you like to:

- Attach documents to your application.
- Continue without attaching documents

Benefits CalWIN

Once the application is submitted the client is given a BCW tracking number

BCW informs the client of the Next Steps and the client can submit a Comment to help improve the website.

Apply for Benefits

Application Submitted

MediCal, you are done.

Thank You

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

Your tracking information is:

Reference: 000001026
Date: 11/29/2010
Time: 3:43 PM

Your application has been submitted to the following programs.

- Medi-Cal 

Please note: Food Stamps and Medi-Cal use the same application.
Please print a copy of each application or report for your records.

Next Steps

Medi-Cal

A representative from Medi-Cal will contact you to complete the application process. You may be required to do an in-person interview.

Comments

Help improve this website! Please enter your comments below.

The application can be printed by pressing the Print icon

Benefits CalWIN

Resources

- Benefits CalWIN @ <https://www.benefitscalwin.org/>
- For any problems with BCW, CBOs should contact the Operational Support Help Desk @ 619.515.6700 or via email calwinhd@sdcountry.ca.gov