

No Waiting In Line



Apply For Medi-Cal, CalFresh and/or CalWORKs Online

WWW.MYBENEFITSCALWIN.ORG

Apply For Medi-Cal, CalFresh and/or CalWORKs
**In person, by mail, fax (619-236-9167) OR by
phone (2-1-1)**

The minimal information required to submit an application is:

• Name • Address • Signature

Need Questions Answered?
Access Customer Service Center
Monday – Friday
7:00 AM – 5:00 PM

Toll Free: 1-866-262-9881
TDD (Hearing Impaired): 1-619-589-4459



Need to Turn in Documents?
DPC.HHSA@sdcounty.ca.gov

or



LaterDocs

Go to: SanDiegoCounty.gov
& enter **LaterDocs** in the search field