WE CAN HELP PROVIDE YOUR FAMILY WITH BETTER NUTRITION



YOU COULD QUALIFY FOR CALFRESH IF: YOU HAVE A LOW OR FIXED INCOME.

If you have this many persons in your family, INCLUDING YOURSELF:	1	2	3	4	5	6	7
You may get CalFresh if your gross monthly income is less than:	$2,660	$3,608	$4,554	$5,500	$6,448	$7,391	$8,340

HOW TO APPLY:

Call toll-free: **2-1-1**

Online at **BenefitsCal.com**

BenefitsCal

For steps to a healthier you, go to **EatFresh.org**

COUNTY OF SAN DIEGO Health and Human Services Agency

LIVE WELL SAN DIEGO

CalFresh FOOD