

NO WAITING IN LINE

Apply for CalFresh, Medi-Cal and/or CalWORKs

*The **minimum** information
required to submit an application
is:*

• Name • Address • Signature

Mail or Fax

Submit applications and
documents

- Mail to:
PO Box 939043
San Diego, CA 92193
- Fax to:
619-236-9167



On the Phone or in Person

- Call **2-1-1**
 - Request general information.
- At your local Family Resource Center.



Online

At BenefitsCal.com

- Submit applications, documents, reports, and renewals.
- Check the status of your benefits.

**Need Questions
Answered?**



EBT Hotline – 1-877-328-9677

EBT account balance, report lost/stolen card,
request replacement card, check transaction history.

Access Customer Service Center

Monday through Friday – 7:00 AM – 5:00 PM

Check the status of your application, benefits, and
request information.

Toll Free: 1-866-262-9881

TDD (Hearing Impaired): 7-1-1



LIVE WELL
SAN DIEGO