

# NO WAITING IN LINE

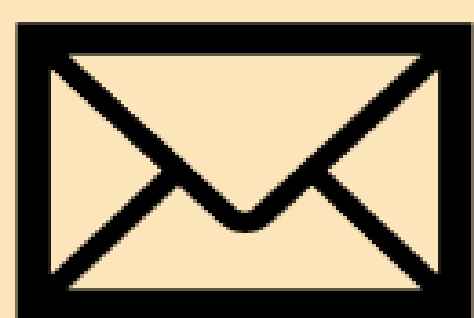
## Apply for CalFresh, Medi-Cal and/or CalWORKs

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

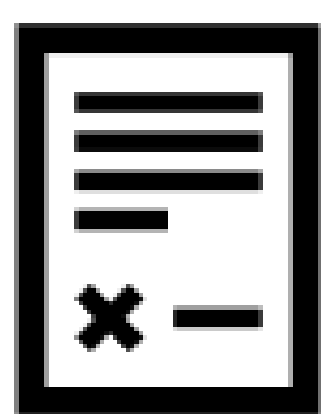
- Name • Address • Signature

### Mail or Fax

- Mail to: **PO Box 939043**  
**San Diego, CA 92193**
- Submit applications and  
Documents
- Fax to: **619-236-9167**



## Need to Turn in Documents?

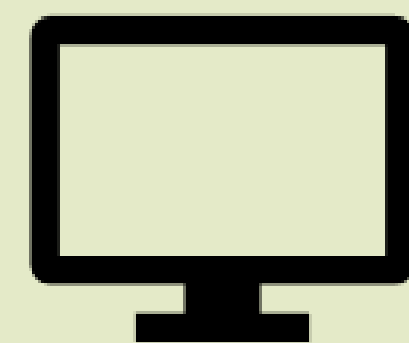


## Need Questions Answered?



### Online

- At [MyBenefitsCalWIN.org](https://www.MyBenefitsCalWIN.org)  
Check the status of your  
○ benefits, submit  
documents, reports and  
renewals
- To Apply for CalFresh Only:  
[GetCalFresh.org](https://www.GetCalFresh.org)



SCAN ME



SCAN ME

### On the Phone or In Person

- Call [2-1-1](tel:211)  
○ Request general information
- At your local Family Resource  
Center



Use Your Computer, Mobile Phone or Tablet  
Go to: [SanDiegoCounty.gov](https://www.SanDiegoCounty.gov)  
Enter LaterDocs in the search field  
Then follow the prompts



SCAN ME

## EBT Hotline - 1-877-328-9677

EBT Account Balance, Report Lost/Stolen Card,  
Request Replacement Card, Check Transaction History

## Access Customer Service Center

Monday thru Friday—7:00 AM—5:00 PM

Check the Status of Your Application, Benefit, and  
Request Information

Toll Free: 1-866-262-9881

TDD (Hearing Impaired): 7-1-1