## CALFRESH FACT SHEET

WHAT IS A CALFRESH HOUSEHOLD?	<ul> <li>An individual living alone</li> <li>An individual living with others but who buys food and prepares meals separately</li> <li>A group of individuals living together who buys food and prepares meals together</li> <li>Parents living with their children 21 years old or younger</li> <li>Adult children (22 years or older) living with their parents who buy food and prepare meals separately from the parents</li> <li>Married couple living together</li> </ul>									
HOW DO I QUALIFY?	Your household size, income, expenses, and a few other factors determine eligibility.									
	HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	
WHAT IS THE	130% FPL	\$1632	\$2215	\$2798	\$3380	\$3963	\$4546	\$5129	\$5712	
MAXIMUM INCOME	200% FPL	\$2510	\$3408	\$4304	\$5200	\$6098	\$6994	\$7890	\$8788	
FOR MY HOUSEHOLD?	For most households, your monthly <u>gross</u> income (before deductions) must be <u>at or below</u> 200% FPL for your household size. Sanctioned households will still be subject to the 130% FPL. Check with the County to explain your household's Income Reporting Threshold.									
WHAT ARE THE	HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	
MAXIMUM	MAXIMUM AMOUNT	\$292	\$536	\$768	\$975	\$1158	\$1390	\$1536	\$1756	
CALFRESH BENEFITS?	This chart shows the maximum monthly CalFresh benefits that each household size receives.									
ARE MY RESOURCES COUNTABLE?	Resources are exempt from eligibility determination for all CalFresh households, except for Expedited Services and certain elderly or disabled households. Any income generated from resources (e.g. bank account interest, stock dividends, rental income, etc.) counts as part of the household's total gross income.									
WHAT IS EXPEDITED SERVICE?	<ul> <li>Expedited Service provides more immediate food help for households. To receive Expedited Service, the applicant must be otherwise eligible, give proof of identification, and:</li> <li>Your household gross monthly income <u>and</u> liquid resources are less than your rent/mortgage and utility expenses; OR</li> <li>Your household gross monthly income is less than \$150, <u>and</u> your total household liquid resources are less than \$100.</li> <li>Expedited Service provides CalFresh benefits by the 3<sup>rd</sup> calendar day following the application date. A weekend (Saturday and Sunday) equals one calendar day.</li> </ul>									
CAN I RECEIVE OTHER AID?	If you receive CalWORKS, CAAP, SSI, disability, or unemployment, you may still be eligible for CalFresh.									
DOES IT MATTER IF I AM ELDERLY OR DISABLED?	You may be eligible for CalFresh benefits. San Francisco has many customers who are currently on CalFresh and fit one or more of the following criteria: aged 60 or over; recipient of Social Security Disability; recipient of SSI/SSP; recipient of Medi-Cal due to a disability; recipient of a full VA pension; high rent, utility, or medical expenses.									
WHAT IS AN ABAWD?	An Able-Bodied Adult Without Dependents (ABAWD) is 18 to 54 years old without a minor living in the home. Unless there is a statewide waiver, an ABAWD must meet a work requirement or have an exemption such as attending college or receiving unemployment to receive more than three months of CalFresh during a three-year period. Call today to learn about our work and training opportunities.									

DOES IT MATTER IF I ATTEND COLLEGE?	<ul> <li>Certain college students are also eligible for CalFresh benefits. Anyone 50 and older is eligible for CalFresh. For those aged 18 to 49 and enrolled at least half time, they must meet at least one other criteria on the date of the CalFresh interview:</li> <li>Average of at least 20 hours of paid work per week</li> <li>Approval for state or federal work study for the current term</li> <li>Parental responsibility for a dependent under age 6</li> <li>Parental responsibility for a dependent at least age 6 but under age 12 with no adequate child care</li> <li>Single parental responsibility for a dependent under age 12</li> </ul>			
WHAT LANGUAGES ARE AVAILABLE?	San Francisco CalFresh has applications and on-site workers for the following languages: English, Spanish, Chinese (Mandarin/Cantonese), Russian, Vietnamese, and Tagalog. An on- site worker meets with individuals who are disabled or hearing-impaired. There is also a Language Line for other languages not listed above.			
HOW DO I ACCESS MY BENEFITS?	Households receive a plastic Electronic Benefits Transfer (EBT) card and a Personal Identification Number (PIN). The EBT card holds CalFresh benefits like an ATM debit card, and can make purchases at a Point of Sale (POS) machine with a participating store or farmers market. The purchase amount deducts from your CalFresh account. To locate the stores nearest you, visit <u>www.snapretailerlocator.com</u> . Elderly, disabled, and homeless households may use their EBT card to purchase prepared (cooked) food from authorized restaurants in San Francisco by participating in the Restaurant Meals Program. Visit <u>www.sfhsa.org/services/health-food/calfresh/using-calfresh</u> for a list of participating restaurants.			
WHAT MUST I COMPLETE AFTER APPROVAL?	Households must file a Semi-Annual Report (SAR-7) during their certification period. Once that period ends, they also must complete an interview and paperwork (CF 37) to renew benefits.			
WHAT ARE MY RIGHTS?	If you feel there are delays in processing your application, your worker did not understand the facts in determining your eligibility, or you have been denied a reasonable accommodation to enable you to comply with program requirements, you may write for a state hearing to: APPEALS UNIT S600 - DEPARTMENT OF HUMAN SERVICES P.O. BOX 7988 SAN FRANCISCO, CA 94120 Regardless of your eligibility, you have the right to receive courteous and respectful treatment when you apply for CalFresh. DHS will not discriminate against anyone because of race, color, national origin, age, religion, marital status, sex, sexual orientation, disability, political affiliation, domestic partnership, ethnic group identification, place of birth, gender identity, height, weight, or AIDS or related medical condition. If you believe you did not receive fair treatment, contact the DHS Civil Rights Office at (415) 557-6574.			
HOW DO I REACH YOU?	BY PHONE: (855) 355-5757 ONLINE: www.benefitscal.com BY MAIL: Human Services Agency, PO Box 7988, San Francisco CA 94120-9939 IN PERSON: 1235 Mission St./ 1440 Harrison St./ 3120 Mission St.; Monday-Friday, 8am-5pm			

This Fact Sheet is not a substitute for CalFresh or SNAP regulations.

The SF Department of Human Services has copies of the State or Federal regulations.