



Interested In CalWORKs or General Relief?

CalWORKs



What is CalWORKs?

CalWORKs (formerly AFDC) is a program that provides temporary financial assistance and employment focused services to families with minor children. For families with income and property, the levels must be below the State maximum limits. For example, the maximum monthly CalWORKs grant for two people without income is \$584.

Basic Eligibility Requirements:

Your family may be eligible for CalWORKs if:

- ✓ Based on your family size, your total gross income is within the income limit listed in the chart below. (Note: The income of an unaided caretaker relative would be excluded.)

2007-2008 Income Limits

Family Size	Monthly Gross Income Limit (add \$90 for each employed person)	Family Size	Monthly Gross Income Limit (add \$90 for each employed person)
1	\$505	6	\$1,563
2	\$828	7	\$1,717
3	\$1,026	8	\$1,871
4	\$1,218	9	\$2,028
5	\$1,391	10	\$2,202

* Add \$17 for each additional person

Note: Monthly Gross Income Limits are updated each year.

- ✓ Your family's total resources/property (i.e., bank accounts, cash on hand, savings bonds, other real property) is \$2,000 or less (\$3,000 if the parent/caretaker is age 60 or older).
- ✓ Your household includes either a pregnant woman or a child and a parent/caretaker where at least one household member is a U.S. citizen or legal immigrant.

NOTE: If your family is potentially eligible to CalWORKs, your family is also potentially eligible to Food Stamps and Medi-Cal. Also, note that if your family is not potentially eligible to CalWORKs, your family may be eligible to Food Stamps and/or Medi-Cal without CalWORKs.

General Relief



What is General Relief (GR)?

General Relief is a program that assists needy adults who are ineligible for State or Federal assistance. An average GR case consists of one person, living alone, with no income or resources. An emancipated foster youth or a parent from whom all children have been removed could qualify for GR. The maximum monthly GR grant for one person is \$221.

Basic Eligibility Requirements:

You may be apparently eligible for GR if:

- ✓ Your income is less than \$221 per month.
- ✓ You have \$50 or less in cash or in a bank account.
- ✓ Your car is valued at \$4,500 or less.
- ✓ Your personal property (insurance policy, etc.) is worth \$500 or less.
- ✓ You are a U.S. citizen or legal immigrant.

NOTE: If you are potentially eligible to General Relief, you are also potentially eligible to Food Stamps.

Results of Screening Family (Only Check **One** Box):

- Potentially Eligible for **CalWORKs** – mark type below:
 - Parent(s) with Child(ren)** where at least one household member is a U.S. citizen or legal immigrant
 - Non-needy Relative Caregiver with Child(ren)**
 - Needy Relative Caregiver with Child(ren)**
- Potentially Eligible for **GR – Parent & NO Child(ren)**
- Potentially Eligible for **Medi-Cal** and/or **Food Stamps Only** (For this selection, screening and referral can only be done by the Linkages GSW.)
- Info Only** – No referral to DPSS programs made

DCFS Office: San Fernando Valley Date: 10/12/2007

Referral Id/Name: 1234-5678-9012-3456789

Case Id/Name: _____

Worker Name: John Doe

CSW File#: EE99S9999

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) REFERRAL NOTICE
(To Be Completed By DCFS Staff Only)**

Attention Applicant: Take this form to the Customer Service Representative in the DPSS Office.

Applicant Name:	DOB:	Telephone Number:
Address including Street type (e.g., Blvd) , Apt. No.:		City, Zip Code:

ATTENTION: Customer Service Representative, the above named person is requesting:

Check One Only:

- CalWORKs - Parent(s) with Child(ren)
- CalWORKs - Non-Needy Relative Caregiver/Caretaker with Child(ren)
- CalWORKs - Needy Relative Caregiver/Caretaker with Child(ren)
- General Relief (GR) – Parent/Adult and NO Child(ren)

DPSS Use Only:

- Food Stamps
- Medi-Cal

DCFS Representative Name (Please print): John Doe	CSW File #: EE99S9999	DCFS Office: San Fernando Valley	Date: 10/12/2007
Referral Id/Name: 1234-5678-9012-3456789		Initiated By: <input type="checkbox"/> CSW <input type="checkbox"/> LGSW	
Case Id/Name:		Print Name:	

DPSS DISTRICT OFFICES - (Central Helpline 1-877-481-1044)

(Place an "X" in the box to indicate the appropriate DPSS office where the applicant should apply)

<input type="checkbox"/> Glendale - CW, FS, MC, GR (818) 546-6460 4680 San Fernando Rd. Glendale 91204 (02)	<input type="checkbox"/> Wilshire Special-FS, MC, GR (213) 738-4301 2415 W. 6 th St. Los Angeles 90057 (10)	<input type="checkbox"/> Compton - CW, FS, MC (310) 603-8401 211 E. Alondra Blvd. Compton 90220 (26)	<input type="checkbox"/> Santa Clarita - CW, FS, MC (818) 901-4101 27233 Camp Plenty Rd. Canyon Country 91351 (51)
<input type="checkbox"/> Pasadena - CW, FS, GR, MC (626) 791-6302 955 N. Lake Ave. Pasadena 91104 (03)	<input type="checkbox"/> East Valley - CW, FS, MC (818) 901-4101 14545 Lanark St. Panorama City 91402 (11)	<input type="checkbox"/> So. Central - CW, FS, MC, GR (323) 563-4156 10728 S. Central Ave. Los Angeles 90059 (27)	<input type="checkbox"/> Rancho Park - FS, MC, GR (310) 481-5300 11110 W. Pico Bl. Los Angeles 90064 (60)
<input type="checkbox"/> El Monte - CW, FS, MC (626) 569-3677 3350 Aerojet Ave. El Monte 91731 (04)	<input type="checkbox"/> Exposition Park - CW, FS (323) 730-6101 3833 S. Vermont Ave. Los Angeles 90037 (12)	<input type="checkbox"/> South Family - CW, FS, MC (310) 761-2000 17600 "A" Santa Fe Ave. Rancho Dominguez 90221 (31)	<input type="checkbox"/> Paramount - CW, FS, MC (310) 603-5000 2961 E. Victoria St. Rancho Dominguez 90221 (62)
<input type="checkbox"/> Belvedere - CW, FS, MC (323) 727-4314 5445 Whittier Blvd Los Angeles 90022 (05)	<input type="checkbox"/> Metro Family - CW, FS, MC (213) 744-6601 2615 S. Grand Ave. Los Angeles 90007 (13)	<input type="checkbox"/> San Fernando Branch-FS, GR (818) 394-3700 9188 Glenoaks Blvd Sun Valley 91352 (32)	<input type="checkbox"/> Lincoln Heights - CW, FS, MC (323) 342-8141 4077 N. Mission Rd. Los Angeles 90032 (66)
<input type="checkbox"/> Cudahy - CW, FS, MC (323) 560-5001 8130 S. Atlantic Blvd Cudahy 90201 (06)	<input type="checkbox"/> Civic Center - FS, MC, GR (213) 974-0201 813 E. 4 th Place Los Angeles 90013 (14)	<input type="checkbox"/> Lancaster - CW, FS, MC (661) 723-4001 349-B East Ave. K-6 Lancaster 93535 (34)	<input type="checkbox"/> Lancaster General - GR (661) 974-8971 337 East Avenue K-10 Lancaster, CA 93535 (67)
<input type="checkbox"/> South Special - FS, GR (310) 761-2205 17600 "B" Santa Fe Ave. Rancho Dominguez 90221 (07)	<input type="checkbox"/> Metro East - CW, FS, GR (323) 260-3501 2855 E. Olympic Blvd Los Angeles 90023 (15)	<input type="checkbox"/> Pomona - CW, FS, MC, GR (909) 397-7901 2040 W. Holt Ave. Pomona 91768 (36)	<input type="checkbox"/> Metro Special - FS, MC, GR (213) 744-5601 2707 S. Grand Ave. Los Angeles 90007 (70)
<input type="checkbox"/> So. West Special - FS, MC, GR (323) 420-2918 1819 West 120th St. Los Angeles, CA 90047 (08)	<input type="checkbox"/> Florence - CW, FS, MC (323) 586-7001 1740 E. Gage Ave. Los Angeles 90001 (17)	<input type="checkbox"/> Metro North - CW, FS, MC (213) 639-5401 2601 Wilshire Blvd Los Angeles 90057 (38)	<input type="checkbox"/> West Valley - CW, FS, MC (818) 718-5201 21415 Plummer St. Chatsworth 91311 (82)
<input type="checkbox"/> West L.A. - CW, FS, MC (310) 312-5101 11390 W. Olympic Blvd Los Angeles 90064 (09)	<input type="checkbox"/> San Gabriel - CW, FS, GR (626) 569-3611 3352 Aerojet Ave. El Monte 91731 (20)	<input type="checkbox"/> Norwalk - CW, FS, MC (562) 807-7820 12727 Norwalk Bl. Norwalk 90650 (40)	<input type="checkbox"/> Southwest Family - CW, FS (323) 549-7655 8300 Vermont Ave - 3 rd floor Los Angeles 90044 (83)

CW = CalWORKs FS = Food Stamps MC = Medi-Cal GR = General Relief

This referral shows you may be eligible for assistance. Please apply for aid at the office marked above.

ACCESSING HEALTH AND HUMAN SERVICES PROGRAMS

MOST COMMONLY REQUESTED DOCUMENTS



	CALIFORNIA CHILDREN'S SERVICES (CCS) (800) 288-4584	CHILD HEALTH & DISABILITY PREVENTION PROGRAM (CHDP) (800) 993-2437	HEALTHY KIDS (888) 4LA-KIDS	HEALTHY FAMILIES (888) 747-1222	MEDI-CAL (877) 597-4777	MEDICARE (800) MEDICARE	CALWORKS (877) 481-1044	CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) (877) 481-1044	FOOD STAMPS (877) 597-4777	GENERAL RELIEF (877) 481-1044	IN-HOME SUPPORTIVE SERVICES (IHSS) (888) 944-IHSS	WOMEN, INFANTS AND CHILDREN (888) WIC-BABY	CHILD SUPPORT SERVICES (800) 615-8858	MENTAL HEALTH (800) 854-7771
	HEALTH					INCOME SUPPORT						OTHER SERVICES		
PROGRAM FEES/CO-PAYMENT	✓		✓	✓										
Required Documents														
Birth Certificate (for each applicant)				✓			✓	✓		✓	✓		✓	
Resident Alien Card (If not a US Citizen) or other residency documents				✓	✓	✓	✓	✓	✓	✓	✓			
Proof of California Residency: Driver's License, State ID Card or current letter mailed to you at your address	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Social Security Card					✓	✓	✓	✓	✓	✓	✓		✓	✓
Medicare Card or other health insurance card	✓	✓			✓	✓	✓	✓	✓	✓	✓		✓	✓
Marriage Certificate							✓			✓				
School Enrollment/Attendance Papers							✓			✓				
If pregnant or applying for unborn child, Proof of Pregnancy				✓	✓		✓		✓	✓		✓		
Proof of Income	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓
If unearned income: child support and/or spousal support award letter, copies of check received or statement from Child Support Services Department for last month	✓		✓	✓	✓		✓						✓	
Proof of Resources: all current bank statements, property statements, auto registrations, life and/or burial insurance policies, life estate agreement					✓		✓	✓		✓	✓			
Proof of Expenses/Proof of Deductions: work clothing and transportation costs, current taxes, medical insurance, etc.	✓		✓	✓	✓		✓	✓	✓	✓			✓	

PROOF OF INCOME & EXPENSES: If you have any of the documents listed in the two sections below bring them with you.

INCOME	EXPENSES
If employed: (1) copy of most recent pay stub with name of employer and person who worked OR (2) signed statement from employer with gross monthly income stated and dates received	For care of a child or disabled adult: receipts, bill or cancelled checks that show name of the person cared for, cost of care, and the name of the person who paid for the care
If self-employed: copy of last year's federal income tax return (with Schedule C) or last 3 months' profit and loss statements	For housing and utility costs: receipts or bills that show user's name and amount due
If disabled or retired: copies of award letters or bank statements showing direct deposits	For medical costs for the disabled or persons age 60 or older: bills, receipts, or cancelled checks that show the name of the person who incurred the expense, cost and name of person who paid for the care
If currently receiving benefits: proof of the amount (i.e. unemployment insurance, Social Security, workers compensation, veteran income checks or disability insurance)	For court ordered support payments: receipts, cancelled checks or money orders that show who the payment was for and the amount paid
If income from a loan: copy of loan papers with the name of person who is receiving the loan, the amount and current balance	For self employed: signed receipts, cancelled checks or statements from whom you get your supplies



WHERE TO ACCESS THE MOST COMMONLY REQUESTED DOCUMENTS

<i>DOCUMENT</i>	<i>DEPARTMENT</i>	<i>PHONE NO. & WEBSITE</i>
Birth, Death, and Marriage Certificates	Registrar Recorder/County Clerk Department Headquarters 12400 Imperial Highway Norwalk, CA 90650	1-800-201-8999 www.lavote.net
Resident Alien Cards or other Residency Documents	U.S. Citizenship and Immigration Services	1-800-375-5283 www.uscis.gov
Proof of California Residency: Driver's License, State ID	California Department of Motor Vehicles (DMV)	1-800-777-0133 www.dmv.ca.gov
Social Security Card	Social Security Administration (SSA)	1-800-772-1213 www.ssa.gov
Copies of Income Tax Return	Internal Revenue Service (IRS)	1-800-829-1040 www.irs.gov
Child Support Documents	Child Support Services Department	1-800-615-8858 or (323) 890-9800 in LA County http://childsupport.co.la.ca.us

KEY COUNTY OF LOS ANGELES HEALTH & HUMAN SERVICES PROGRAMS

- CALIFORNIA CHILDREN'S SERVICES (CCS)
(800) 288-4584
www.dhs.ca.gov/pcf/cms/ccs
 - CHILD HEALTH & DISABILITY PREVENTION PROGRAM (CHDP)
(800) 993-2437
www.dhs.ca.gov/pcf/cms/chdp
 - HEALTHY KIDS
(888) 4LA-KIDS (452-5437)
<http://www.first5la.org/ourprojects/healthykids.php4>
 - HEALTHY FAMILIES
(888) 747-1222
www.healthyfamilies.ca.gov
 - MEDI-CAL
(877) 597-4777
www.dhs.ca.gov/mcs/medi-calhome
 - MEDICARE
(800) MEDICARE (633-4227)
www.medicare.gov
 - CALWORKS
(877) 481-1044
www.dss.cahwnet.gov/cdssweb
 - CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
(877) 481-1044
<http://dpss.lacounty.gov/dpss/capi>
 - FOOD STAMPS
(877) 597-4777
http://dpss.lacounty.gov/dpss/food_stamps
 - GENERAL RELIEF
(877) 481-1044
http://dpss.lacounty.gov/dpss/general_relief
 - IN-HOME SUPPORTIVE SERVICES
(888) 944-IHSS (944-4477)
<http://dpss.lacounty.gov/dpss/ihss>
 - WOMEN, INFANTS AND CHILDREN
(888) WIC-BABY (942-2229)
www.fns.usda.gov/wic
 - CHILD SUPPORT SERVICES
(800) 615-8858 OR (323) 890-9800
<http://childsupport.co.la.ca.us>
 - MENTAL HEALTH
(800) 854-7771
<http://dmhconnection.lacounty.info>
- OTHER NUMBERS OF INTEREST**
- 211 LA COUNTY
<http://www.211lacounty.org>
 - ACCESS FOR INFANTS AND MOTHERS
(800) 433-2611
www.mrmib.ca.gov/MRMIB/AIM.html
 - COUNTY OF LOS ANGELES JOB HOTLINE
(800) 970-5478
<http://dhr.lacounty.info/>
 - LOW INCOME HOUSING INFORMATION
(800) 731-HOME (731-4663)
www.hacola.org
 - LACOUNTYHELPS!
<http://www.lacountyhelps.org>
 - SUPPLEMENTAL SECURITY INCOME
(800) 772-1213
www.ssa.gov/notices/supplemental-security-income

*For copies of this form, please log on to the Chief Executive Office at http://ceo.lacounty.gov/SIB/cust_serv.htm