

# Acceptable Documents/Proof for your CalFresh/Medi-Cal Application

## **Birth/Citizenship**

- Birth certificate
- Passport
- Baptismal certificate (with date and place of birth)
- Statement of witness to birth
- Original birth certificates for Medi-Cal

## **Income**

- Most recent paycheck stub(s)
- Letter from employer
- Copy of child support check or payment stub
- Benefits award letter (Social Security, veterans, unemployment, disability, etc.)
- Self-employment tax forms (IRS schedule C, etc.)
- Receipts for self-employment income for work expenses
- School grants/loans/financial aid statements
- Sponsor statement form

## **Immigration Status**

- Immigration papers/forms/cards (copy of both sides)
- Certificate of naturalization
- Other proof of immigration (USCIS), such as: work authorization, letter of decision or court order on your case, etc.

## **Property/Resources**

- Vehicle registration
- Proof of loans or debts/liens on property
- Statement of joint ownership
- Most recent mortgage bill(s)
- Property deed
- Most recent bank statements
- Life insurance policy, stocks, bonds, IRAs
- Most recent retirement account statement(s)-all pages
- Sponsor statement form
- Settlements such as lawsuits and insurance claims
- Burial plots/crypts

## **Other Proof**

- Child/dependent care receipts
- Statement from child/dependent care provider
- Receipts for school expenses
- Cancelled check/receipt of child/spousal support payments
- Death certificate, obituary, witness statement of death
- Court paper (child support or spousal support order)

## **Identity**

- Drivers license or identification card
- Photo ID (DMV, school, etc.)
- Passport
- USCIS documents

## **Relationship**

- Court papers (divorce, guardianship, etc.)
- Marriage certificate
- Domestic partner certificate
- Birth certificate

## **Housing and Utility Costs**

- Rental agreement or rent receipts
- Mortgage bill
- Utility bill
- Property tax statement
- Home or renter's insurance bills
- Hotel/motel receipt
- Cancelled checks or copies
- Statement explaining housing arrangement

## **Residence**

- A postmarked envelope or postcard addressed to you
- Utility bill
- Rental agreement
- Bill or other document(s) with name or address
- Driver's license or Identification card
- Eviction notice/notice to pay rent or quit

## **Medical Expenses**

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (for Medi-Cal only)

## **Medical Verification**

- Proof of pregnancy from doctor or clinic, with expected due date
- Doctor statement of disability funding by an agency (SSA,VA, etc.)
- Pharmacy bill

## **Immunization Records** (for kids under 6 years old)

- Stamped record shot
- Statement that immunizations are against your beliefs
- Statement from doctor that immunizations are not available
- Statement from parent or caretaker explaining why child can't be immunized

**Questions?**  
**1-877-652-0731**

# Our Locations

**Downtown Redding Center**  
1220 Sacramento St., Redding  
(530) 229-8441

**Shasta Lake Regional Office**  
4216 Shasta Dam Blvd., Shasta Lake  
(530) 275-7500

**Enterprise Regional Office**  
2757 Churn Creek Rd., Redding  
(530) 224-4200

**Burney Regional Office**  
36911 Main St., Burney (Hwy. 299 E)  
(530) 335-5576 or (877) 935-5576

**Anderson Regional Office**  
2889 East Center St., Anderson  
(530) 378-1146 or 229-8200

**Eligibility & Employment Services,  
Cascade**  
2640 Breslauer Way, Redding  
1-877-652-0731

Learn more about our programs and services at  
**[www.shastahhsa.net](http://www.shastahhsa.net)**

## Community Health Advocates

Shasta County Health and Human Services has Community Health Advocates (CHAs) in our regional offices to help with:

- CalFresh applications (formerly Food Stamps)
- Medi-Cal, CMSP or Access for Infants and Mothers (AIM) application assistance
- Referrals to community resources for help with utilities, housing, transportation, jobs and more

**Please call one of the Regional Office's listed above to make an appointment.**

*Para asistencia en Español llame al 224-4879 o 335-6701. For assistance in Mien call 229-8216.*



Food



Medical



Cash Assistance