Shasta County
Health & Human Services Agency

CalFresh Employment & Training Referral Form

Instructions: Client must be actively on CalFresh & not in Welfare to Work

Submit

Clear

Client Information

Date: _____

Name: _____ C-IV Case#: _____ Phone: _____

Address: _____

Have you ever been involved in the Criminal Justice System? Yes ____ No ____

Speak English? _____ If No, what language? _____

Best time to call: _____ Do you have children under the age of 10 years old? Yes ____ No ____

Referring Agency Information

Agency Name: _____

Referring Staff Member: _____

Phone Number: _____

When complete: Click **Submit** Button above

Or

Fax to: (530) 245-6317

Mail to: General Assistance Unit, P.O. Box 496005, Redding, CA 96049

Email to: *CFET@co.shasta.ca.us*