CALFRESH INFORMING PACKET

PLEASE KEEP THIS PACKET

Read these forms carefully and keep them for information.

If you would like more information or a referral for other services, please call the Customer Service Center at 1-877-652-0731.

The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services or activities. The County does not discriminate on the basis of disability in its hiring or employment practices.

NAME OF FORM	DATE	FORM NUMBER
CalFresh Informing Coversheet	03/20	Coversheet (Bright Yellow)
CalFresh & Medi-Cal Informing Notice (Bright Green)	11/12	DSS 8219
Your Rights Pamphlet	08/16	PUB 13
Family Planning Pamphlet	04/07	PUB 275
EBT Surcharge Free – Direct Deposit Handout	03/19	EBT 2216
California Electronic Benefit Transfer (EBT) Card	08/17	PUB 388
Notice of Language Services	06/17	GEN 1365
CalFresh Employment and Training Program Flyer		CFET Flyer
NVRA Voter Preference Form	01/13	01/13 NVRA
California Voter Registration Card		VRC
		Brown Envelope
		Staple

Good News for California Families Receiving CalFresh

Many family members that receive CalFresh may qualify for Medi-Cal benefits. The Medi-Cal Program pays for health care for eligible persons with limited income and resources. Children and/or Medi-Cal linked adults may qualify for free medical, dental and vision coverage through the Medi-Cal Program.

Children under age 19 who do not qualify for free Medi-Cal may be eligible for the low-cost Healthy Families Program.
Note: Adults 19 or older are not eligible to the Healthy Families Program at this time.

Medi-Cal and Healthy Families benefits include:

- Visits to the doctor when you or your children are sick
- Visits to the doctor to keep you and your children healthy
- Visits to the dentist when you or your children need services
- Eye exams and glasses if you or your children need them
- Prescription medicine and shots

It's easy to apply:

→ 1) Fill out this form.

→ 2) Mail the form in the envelope provided.
No stamp is needed. If an envelope is not attached, call the number below.

I give permission for my county social services agency to use information available in my CalFresh case file to make a Medi-Cal determination for my family.

Yes ☐ No ☐

NOTE: If you are found ineligible to Medi-Cal, an automatic determination for County Medical Services Program (CMSP) will <u>not</u> be made. You <u>must</u> submit a separate application for CMSP.

I have read and understand the rights and responsibilities on the other side of this form.

Yes ☐ No ☐

If I am not eligible for free Medi-Cal, I give permission for the county social services agency to forward the information in my CalFresh case file to the Healthy Families Program to determine my eligibility for the low-cost Healthy Families Program.

Yes ☐ No ☐

Signature: _____ Date: _____
(if child in household, signature of the parent/guardian is required)

Printed Name: _____ Date of Birth: _____

Address: _____

Phone number: _____

Someone in my family currently has health insurance or had health insurance in the past 90 days.

Yes ☐ No ☐ (You can answer "Yes" and still be eligible!)

You may disregard this notice if you or another household member is already a Medi-Cal or Healthy Families recipient.

QUESTIONS? Call the Shasta County Customer Service Center at 1-877-652-0731.

MEDI-CAL CONFIDENTIALITY NOTICE

The information given in this application is private and confidential under Welfare and Institution Code Sections 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

MEDI-CAL RIGHTS, RESPONSIBILITIES, AND DECLARATIONS

I have the right to:

- Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- Ask for an interpreter.
- Ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a "Notice of Action." To find out about Medi-Cal fair hearings call toll-free, 1-800-952-5253.

I have the responsibility to:

- Send in a status report when the county asks me to.
- Report any changes within 10 days in the information I gave on this application.
- Let the county know if a family member applies for disability benefits, is in a public institution, or gets medical care for any accident or injury caused by another person.
- Cooperate if my case is reviewed.

I understand that each person I am applying for:

- Must live in California
- Must not be getting public assistance from outside California
- Must not be in jail, prison, or any other correctional facility.

I further understand that:

- As a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I am not eligible for this Medi-Cal program, I understand I may qualify for other programs and have the right to apply for them.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.

MEDI-CAL PRIVACY NOTICE

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following information: Welfare and Institutions Code Section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide eligibility information requested in this application. This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the Bureau of Citizenship and Immigration Services of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the Bureau of Citizenship and Immigration Services cannot use the information for anything else except in cases of fraud.) The information will be used by the fiscal intermediary to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application.

Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social Security Numbers are required by Section 1147 (a) (1) of the Social Security Act and by Welfare and Institutions Code Section 14011.2, unless applying for emergency or pregnancy related benefits only.

An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Services. Contact your county health and human services/social services office to request your records.

Discrimination Complaints

If you think you have been discriminated against, you may submit a complaint application separately to the County or the State, and the Federal Government. The Federal agency that you must complain to depends on which program your complaint is about.

You can file a discrimination complaint with:

1. FOR ALL PROGRAMS ADMINISTERED BY YOUR COUNTY WELFARE DEPARTMENT: The County's Civil Rights Coordinator. Ask your county office for the name, address and phone number of their Civil Rights Coordinator. He/she will independently investigate your complaint.
2. Civil Rights Bureau
   California Department of Social Services
   744 P Street, MS 8-16-70
   Sacramento, CA 95814
   (916) 654-2107
   (866) 741-6241 (Toll-Free)
3. FOR THE CALFRESH PROGRAM:
   United States Department of Agriculture
   Director, Office of Civil Rights,
   Room 326-W, Whitten Bldg.
   1400 Independence Avenue, S.W.,
   Washington, D.C. 20250-9410
   (202) 720-6382 (voice and TTY)
4. FOR ALL OTHER PROGRAMS:
   Health and Human Services
   Office of Civil Rights
   90 7th Street, Suite 4-100
   San Francisco, CA 94103
   (415) 437-8310 (voice)
   (415) 437-8311 (TDD)

Time Limits to Take Action

If you suffer discrimination, you must submit your complaint within 180 days of the actual discrimination. If the discrimination also affected the level of your benefits and services, you must also ask for a state hearing within 90 days. A discrimination investigation cannot change your benefit levels or services...only a state hearing can do that.

Limits on Certain Rights

Although you have the right to privacy and confidentiality, there are certain laws that allow limited exceptions. You can ask the county for the laws.

Questions

If you have any questions on how to request a state hearing, call the Public Inquiry and Response Unit: toll free (800) 952-5253. The TDD toll-free telephone number is (800) 952-8349.

Programs Covered by This Pamphlet

- Adoption Assistance Program (AAP)
- Adult Protective Services
- Alcohol and Drug Program
- California Food Assistance Program (CFAP)
- Medi-Cal
- CalWORKs
- CalWORKs Child Care
- CalWORKs Welfare-to-Work Program/Services
- Cash Assistance Program for Immigrants (CAPI)
- Child Welfare Services
- Denti-Cal
- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)
- CalFresh (Food Stamps)
- Foster Care
- In-Home Support Services
- Kinship Guardian Assistance (Kin-GAP)
- Mental Health
- Multipurpose Senior Services Program (MSSP)
- Personal Care Services Program (PCSP)
- Refugee Cash Assistance
- Social Services

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

This pamphlet is available from your Local County Welfare Office and at www.cdss.ca.gov in the following languages:

• Arabic	• Japanese	• Russian
• Armenian	• Korean	• Spanish
• Cambodian	• Lao	• Spanish Large Print
• Chinese	• Mien	• Tagalog
• Farsi	• Portuguese	• Ukrainian
• Hmong	• Punjabi	• Vietnamese

Also Available in large print, Braille, and Audio CD

PUB 13 (8/16)

Your Rights

Under California Welfare Programs

... for people applying for or receiving public aid in California

Tell us if you need help because of a disability

Ask for a free interpreter

Your Rights

All people and organizations providing public assistance must respect your rights. They can help you understand and apply for benefits and services.

- You have the right to an interpreter free of charge.
- لديك الحق في مترجم شفوي مجانًا.
- Դուք անվճար թարգմանիչ ստանալու իրավունք ունեք:
- អ្នកមានសិទ្ធិទទួលបានអ្នកបកប្រែភាសាម្នាក់ដោយគ្មានគិតថ្លៃ ។
- 你有免費翻譯員的權利.
- شما از حق دریافت خدمات بدون هزینه مترجم شفاهی برخوردارید.
- Koj muaj cai tau txais ib tug kws txhais lus pub dawb.
- あなたには、無料で通訳をつける権利があります。
- 통역 서비스를 무료로 제공받으실 수 있습니다.
- ທ່ານມີສິດທີ່ຈະຂໍໃຫ້ມີນາຍພາສາໂດຍບໍ່ເສັຽຄ່າ.
- Meih maaih bun-paaiv buonc liouh tengx baeqc porv waac maiv zuqc cuotv nyaanh.
- Você tem direito a um intérprete sem custos.
- ਤੁਹਾਨੂੰ ਮੁਫਤ ਦੁਭਾਸ਼ਿਏ ਦਾ ਹੱਕ ਹੈ।
- Вы имеете право на бесплатные услуги переводчика.
- Usted tiene derecho a servicios gratuitos de un intérprete.
- Ikaw ay may karapatan sa isang interpreter o pasalitang tagapagsalin nang walang bayad.
- Ви маєте право на безкоштовні послуги усного перекладача.
- Quý vị có quyền yêu cầu một thông dịch viên miễn phí.

You Have a Right to…

1. Understand what is happening with your application and aid.
2. Get written and oral explanations about your application and aid.
3. Get a receipt for any documents you turn in.
4. See your case record.
5. See state and county laws and regulations.
6. Ask a judge to review any county decision about your eligibility, benefits, or services.
7. Not face discrimination in receiving program benefits or services.
8. File a complaint about discrimination.
9. Get extra help from county staff to make sure you get your benefits if you have a disability or impairment that makes it hard to understand the program rules.
10. Have your information kept confidential.
11. Be treated with courtesy and respect.

If You are Having Problems with Your Aid or Services:

1. Keep records of all your information, documents, and contacts with the county.
2. Get a receipt when you turn anything in.
3. You can bring someone with you to a meeting with your worker.
4. Complain. There are 4 ways to do this:

- *Informal:* You can ask to speak to a supervisor to talk about problems with a worker or to go over the rules and the proposed action on your aid or services.
- *State Hearing:* Ask for a state hearing if there is a problem with your aid or services. **You must ask for a hearing within 90 days of the county's action.** You may be able to file after 90 days if you have a good reason, like illness or a disability.
- *Discrimination complaint:* If you feel that the county has discriminated against you, you can make a discrimination complaint to the County's Civil Rights Coordinator or to the State Civil Rights Bureau, and to the Federal Government. You must do this within 180 days of the discrimination. For more on this, see the section beginning "Prohibited Discrimination." If the discrimination also affects your benefits or services, **you must also ask for a state hearing** if you wish to challenge the county's decision on your benefits or services.
- *Grievance:* You can file a complaint with the county if they have a grievance procedure. **This does not protect your benefits** in the way that asking for a state hearing does.

State Hearings

- You can ask for a state hearing any time you disagree with a county's action on your benefits or services.
- You can also ask for a state hearing if the county is not giving you benefits or services which you think you should get.
- A state hearing is heard by a state Administrative Law Judge. The county will have someone at the hearing to explain why they took their action.
- A state hearing is not a court hearing. You do have the right to have a representative with you. There are free legal services in every county. They are listed on the back of your county notices. You can bring witnesses. You have the right to a free interpreter. Ask the county how to get one.
  - If your problem is with General Assistance or general relief, you must ask for a county hearing.
  - If your problem is with Social Security benefits, you must contact the Social Security Administration.

Continuing Your Aid or Services Pending a State Hearing

The county must give you a notice at least 10 days before any action to change your aid or services takes place. If you ask for a hearing before the action takes place, you can get "aid paid pending" your hearing. This means your aid stays the same until you get a hearing decision.

You MUST ask for a hearing on any new notice you get, if you disagree.

How to Request a State Hearing

1. Phone: Ask for a State Hearing by contacting the CA Department of Social Services at (800) 743-8525 or (800) 952-5253
2. Fill out the back of your Notice of Action (NOA) or send a written request to:
   CDSS, State Hearing Division
   744 P Street M.S. 09-17-37
   Sacramento, CA 95814

Prohibited Discrimination

Under State law, welfare agencies may not provide you aid, benefits or services that is different from aid provided to others on the basis of

Race, Color, National Origin (including language), Ethnic Group Identification, Age, Disability, Religion, Sex, Sexual Orientation, Political Affiliation, Marital Status, or Domestic Partnership

Federal laws also prohibit discrimination on several, although not all, of the bases listed above. Federal Law also prohibits :

1. Delaying or denying the placement of a child for adoption or into foster care on the basis of race, color or national origin of the adoptive or foster parents, or the child;
2. Denying to any individual the opportunity to become a foster or adoptive parent on the basis of race, color or national origin of the individual or child involved.

Examples of Discrimination

- The County does not give you a free interpreter.
- A worker tells a certain ethnic group about more programs and services than people of other ethnicities.
- The County won't help you get audio tapes of a program orientation to help you with a disability that makes it hard for you to read.
- A worker learns of your religion or politics and then treats you differently.
- You can't get to appointments because the county building does not have an elevator.
- You cannot get your wheelchair into examination, interview rooms or restrooms.
- Men get referred to job training for better paying jobs than women.
- The county does not want you to have training because they say you are "too old."
- You are not allowed to adopt a baby because you are of a different race.

Build a Better Future for your Family

Get the benefits of family planning services, which can help you:

- Improve your ability to become self-sufficient by preventing an unplanned pregnancy.
- Plan the number and spacing of your children so you are able to meet the economic and emotional needs of your family.
- Communicate with your partner about reproductive health issues.
- Talk to your kids about safe sex and pregnancy prevention.

Do it for yourself.
Do it for the ones you love.

County Stamp Box

California Family Planning Information and Referral Service

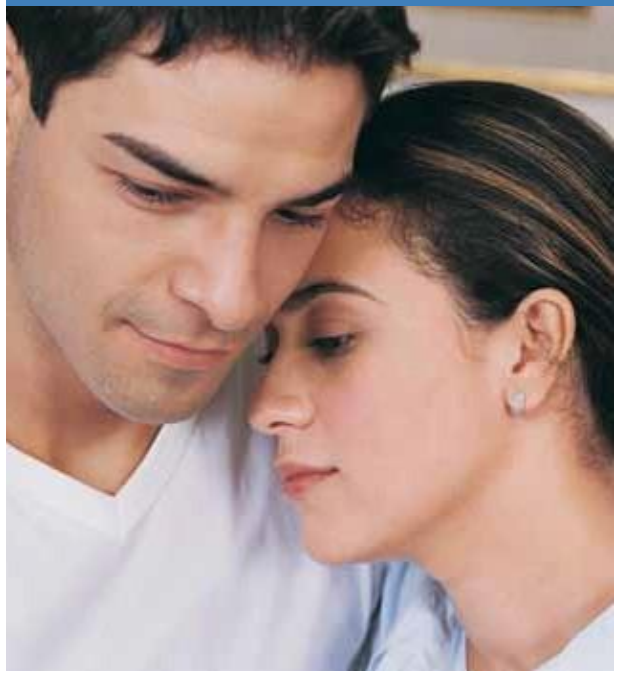
1-800-942-1054

All persons in the photographs are models and used for illustrative purposes only.

State of California
Health and Human Services Agency
Department of Social Services

PUB 275 (04/07)

Family Planning...
Making the Commitment for a Healthy Future



Family Planning — For Your Family's Future

Your local family planning provider can help you:

- Find the birth control method that fits your lifestyle. There is a wide range of choices — from the pill to the ring to the shot and more.
- Get birth control supplies to help prevent an unplanned pregnancy.
- Learn about emergency contraception and whether it will be the right choice for you if you ever need it.
- Get tested and treated for sexually transmitted diseases.
- Learn how to prevent getting and spreading sexually transmitted diseases, including HIV/AIDS.
- Get screened for reproductive cancers.
- Learn how to do self-exams to check for breast cancer.
- Answer questions about all your reproductive health concerns.

These services are:

- Confidential, which means it is private between you and your doctor.
- Available for men and women, including teens.
- Inexpensive — CalWORKs clients can receive them for no- and low-cost.

Get family planning services in your community:

- From your doctor, county department of health or your health care plan.
- Look in the telephone yellow pages under "Family Planning Information."
- Call the California Family Planning Information and Referral Service for the name, address and phone number of a family planning services provider in your area at:

1-800-942-1054

Make the commitment today.

EBT SURCHARGE FREE - DIRECT DEPOSIT HANDOUT

EBT Customer Service phone number: 1-877-328-9677 (this is the **only** customer service phone number for EBT in California. Any other phone number you are asked to call for EBT is likely a scam to steal your benefits. The EBT Customer Service phone number is on the back of your EBT card.

EBT client web site: www.ebt.ca.gov.

TTY (Telecommunications Relay Services for Hearing/Speech Impaired 1-800-735-2929.

You can get your cash aid by EBT or direct deposit; it's your choice! Tell your county worker which way you want to receive your cash aid.

You can switch from EBT to direct deposit or from direct deposit to EBT whenever you want. Tell your county worker and they will give you instructions. If you cannot use the EBT card or any part of the EBT system because of a disability, language limitation, lack of access, or other barrier, tell your county worker and they will determine whether you qualify for different ways to get your cash aid.

If you get your cash aid on the second or third day of the month, you may be able to get your cash aid on the first of the month, if you have a hardship. Tell your county worker why you need to receive your cash aid on the first of the month. If you get your cash aid by direct deposit, you will always receive your cash benefits on the first of the month.

If you have your EBT cash benefits taken out of your account due to electronic theft and you had your EBT card in your possession at the time of the theft, call (877) 328-9677 to cancel your EBT card immediately and contact your county worker. The benefits might be replaced if certain requirements are met.

Remember: CalFresh benefits are always issued on your EBT card and you should never be charged a fee when making a CalFresh purchase.

BEWARE OF EBT scams. A scam is the act of deceiving or misleading a recipient to give someone their account information that is then used to clone the recipient's card and steal the recipient's benefits. Scams happen by phone call, text message or website.

No one from the county, state, or federal government will ever ask you for your Personal Identification Number (PIN). Cashiers and grocery clerks will never ask you for your PIN. Keep your EBT card number and PIN secret.

Do not send photos of your EBT card or other forms of identification to anyone.

Below is information about EBT and direct deposit to help you choose which way you want to receive your cash aid.

IF YOU CHOOSE EBT

You can get cash by withdrawing at ATMs and by asking for cash back when you pay for purchases.

ATMs that are not surcharge free can charge you up to $4 or more for each withdrawal. These fees add up quickly.

There is a map of surcharge free ATMs at https://www.ebt.ca.gov/locator/index.html#/locator.page. There is also a list of surcharge-free banks at www.ebtproject.ca.gov/Library/Cash_Access.pdf.

If you lose your EBT card or someone steals it, call customer service at (877) 328-9677 right away. A customer service representative will cancel your EBT card and help you get a new one. If benefits are taken by someone else before you can call customer service, your benefits will not be replaced.

The EBT system records where you use your card to withdraw cash and pay for purchases, but it does not record what you buy. You can review your transactions by calling (877) 328-9677 or to view your EBT account, go online to the EBT Client Website. Create a user name and password at https://www.ebt.ca.gov/cardholder/#.

IF YOU CHOOSE DIRECT DEPOSIT

You can get cash by withdrawing at your bank's ATMs and by asking for cash back when you pay for purchases.

You may withdraw cash **FREE** at your bank's ATMs; check with your bank. Getting cash back when you pay for purchases may be **FREE**; check with the store.

ATMs that are not your bank's can charge you $4 or more for each withdrawal plus any fees that your bank might also charge. These fees add up quickly.

You can find your bank's ATMs by calling your bank's customer service number, visiting their website or by downloading their application onto your smart phone.

If you lose your ATM card or someone steals it, call your bank right away. Your bank will cancel your card and send you a new card. If someone steals and uses your card, you might lose some or all of the money spent. Contact your bank to find out more.

Your bank records where you use your ATM card to withdraw cash and pay for purchases. You can review your transactions on your monthly statement, by visiting your bank's website or by calling your bank's customer service line.

Please remember to keep your ATM card and your EBT card safe and never give your Personal Identification Number (PIN) to anyone.

CALIFORNIA ELECTRONIC BENEFIT TRANSFER (EBT) CARD

EBT is the easy, safe and convenient way to use your food and cash benefits.

Keep this pamphlet in a safe place.

Questions? Call Customer Service FREE 24 hours a day, 7 days a week

1-877-328-9677 or www.ebt.ca.gov

TTY:1-800-735-2929
(Telecommunications Relay Service for Hearing/Speech Impaired)

Where to Use Your EBT Card

Anyplace where you see the QUEST mark throughout California and across the country.

The Quest® mark is the sign you will see on store doors, check-out lanes, and ATM machines that tells you that your EBT Card can be used at that store or machine. There are special pictures on the Quest® mark that tell you what benefits you can use. Look for the Quest® mark at the store before you shop.

You can use your EBT Card wherever you see the Quest mark throughout California and across the country.

You Can Use Your EBT Card at:

POS devices to:

- Use your EBT food benefits to buy food
- Use your cash benefits to buy food or non-food items like diapers and clothing
- Get cash from your cash account after you buy something (depending on store rules)
- Get cash from your cash account without buying anything (depending on store rules)

You will find Point-of-Sale (POS) devices and/or ATMs at:

- Grocery stores
- Department stores
- Convenience stores
- Banks
- Gas stations

ATMs to get your cash benefits

An ATM is a cash machine found at banks, stores and many other places that allows you to get your cash benefits.

About Your PIN

- Your four secret numbers are called a Personal Identification Number or PIN for short.
- Every time you use your card, you will need to use your PIN or your card will NOT work and you will NOT be able to use your benefits
- Keep your PIN to yourself. Avoid telling other people your PIN.

How to Keep Your PIN Safe

- NEVER write your PIN on your card, the card sleeve or on anything you keep with your card.
- Keep your PIN secret. NEVER give your PIN to your caseworker, family members, store cashiers or anyone else unless you want them to be able to get ALL your benefits.
- NEVER use your PIN if you think someone is watching you.
- When you use your EBT Card, you have up to four tries to enter your PIN. If your fourth try is incorrect, you will not be able to use your card again until after midnight. If you cannot remember your PIN, call Customer Service (the phone number is listed on the back of your card). Customer Service does NOT know your PIN, but will help you change your PIN.
- If someone learns your PIN without your OK, call the Customer Service number right away or visit your public welfare office to change your PIN.
- If someone takes your card and knows your PIN, they can use your benefits! Call Customer Service immediately to cancel your card. If benefits are taken by someone else before you call Customer Service, **YOUR BENEFITS WILL NOT BE REPLACED.**

STORE NAME
100 ANY STREET ADDRESS
CITY, STATE ZIP

TERM ID 123456
MECH TERM ID 987654321
SEQ# 280
CLERK 107
06/02/17 10:23
CASE# C1234567890

	TRAN AMT	END BAL
CASH	$0.00	$125.00
FS	$45.20	$229.80

FS PURCH $45.20 APPROVED
DO NOT DISPENSE CASH

Know Your Balance

The best way to keep track of how much you have left to spend in your EBT food benefit and/or cash benefit accounts is to know your balance. The best way to know your balance is to KEEP YOUR LAST RECEIPT.

If you lose your last receipt, and need to know your balance:

- Call the Customer Service number on the back of your card, or
- Check your EBT food benefit account balance at a POS device, or
- Check your EBT food benefit and cash benefit account balances at EBT Client Website www.ebt.ca.gov.
- Check your cash account balance at an ATM or a POS device.

You Should Always Know Your Balance Before Using Your Card!

How to Use Your EBT Card to Purchase Food

The steps you follow may be different for each type of POS device you use. Don't be afraid to ask the clerk for help.

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

Step 1 Swipe your EBT card at POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 Approve the purchase amount.

Step 4 You will receive a copy of the printed receipt with your new EBT food and cash balance.

You cannot be charged a fee to use your EBT food benefits and you cannot get cash or change back from your EBT food benefit account.

How to Use Your EBT Card to Make a Cash Purchase (if you get cash benefits)

The steps you follow may be different for each type of POS device you use. Don't be afraid to ask the clerk for help.

Know your balance! Check your last receipt or call Customer Service before shopping or log on to www.ebt.ca.gov.

Step 1 Swipe your EBT card at POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 Approve the purchase amount.

Step 4 You will receive a copy of the printed receipt.

You may be charged a fee to use your EBT cash benefits.

How to Use Your EBT Card to Get Cash

Know your balance! Check your last receipt or call Customer Service before shopping or log on to **www.ebt.ca.gov**.

Step 1 Insert or swipe your EBT card at an ATM or POS device.

Step 2 Enter your four-digit Personal Identification Number (PIN).

Step 3 For ATMs, select “Checking” following the on-screen or audio directions.

For POS devices, select “Cash”.

Note: Some ATMs or POS devices may charge fees.

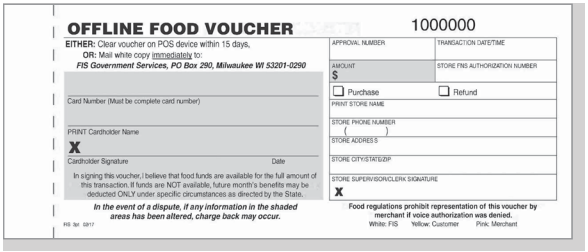
Step 4 For ATMs, enter the cash amount. For POS devices, tell the clerk the amount of cash you want to receive.

Step 5 Approve the cash amount.

Step 6 You will receive a copy of the printed receipt.

Remember, you cannot get cash from your EBT food benefits.

What Will Happen if the POS Device is Not Working


OFFLINE FOOD VOUCHER 1000000

EITHER: Clear voucher on POS device within 15 days,
OR: Mail white copy immediately to:
FIS Government Services, PO Box 290, Milwaukee WI 53201-0290

Card Number (Must be complete card number)

PRINT Cardholder Name

X

Cardholder Signature Date

In signing this voucher, I believe that food funds are available for the full amount of this transaction. If funds are NOT available, future month's benefits may be deducted ONLY under specific circumstances as directed by the State.

In the event of a dispute, if any information in the shaded areas has been altered, charge back may occur.

FIS 3pt 03/17

APPROVAL NUMBER

TRANSACTION DATE/TIME

AMOUNT

$

STORE FNS AUTHORIZATION NUMBER

☐ Purchase ☐ Refund

PRINT STORE NAME

STORE PHONE NUMBER

( )

STORE ADDRESS

STORE CITY/STATE/ZIP

STORE SUPERVISOR/CLERK SIGNATURE

X

Food regulations prohibit representation of this voucher by merchant if voice authorization was denied.

White: FIS Yellow: Customer Pink: Merchant

If you want to purchase eligible food items and the POS device is not working or there is not one at the store, the cashier will fill out a paper voucher. Some merchants like mobile vendors do not have POS devices. The cashier will write in your EBT Card number and the amount you are spending. DO NOT give the cashier your PIN. The cashier will call to see if you have enough benefits in your account to buy the food. If there is enough in your account, you will be asked to sign the voucher and will be given a copy of it. It is very important to keep this copy so you can subtract what you spent from the balance shown on your last EBT receipt. This will give you the current amount in your account.

You cannot use a voucher to get money from your cash benefits account.

DO NOT...

- Keep your card and PIN together.
- Write your PIN on your card.
- Damage or bend your card.
- Write on or scratch the black stripe on the back.
- Leave your card laying around.
- Put your card near magnets, TVs, DVD players, CD players, stereos.
- Leave your card in the sun, like on the dashboard of a car because it will melt up and not work.
- Throw your card away, even if you move. You will use the same card every month as long as you receive benefits.

ATM Safety Tips

- Always put your card in a safe place after using it.
- Have your EBT card ready.
- Choose a well-lit ATM in a place where you feel safe (like inside a store).
- Stand so that no one can see the PIN you use.
- Count your money if you feel it is safe.
- Put your cash, card, and receipt away quickly.

If your card is lost or stolen, call Customer Service right away. They will put a lock on your card and tell you how to get a new card. It's important that you call Customer Service as soon as possible! It may take up to seven business days to get a new card.

Surcharges

A surcharge is a service fee that some stores and banks may charge you each time you get cash benefits with your EBT Card. Before you use your card, look for a notice telling you about this surcharge on the ATM screen, or on a sign near the POS device in stores. If you do not want to pay a surcharge, you can choose another location by looking on **www.ebt.ca.gov**, texting as directed on this pamphlet or checking with your local welfare department to find out where you can get your cash without paying a surcharge.

Direct Deposit

All counties have direct deposit. You can choose to have your cash benefits sent directly into your personal bank or credit union account instead of using EBT. Direct deposit is free. Tell your county welfare department that you would like direct deposit.

EBT Client Website

Go to the EBT Client Website from your computer or mobile device at **www.ebt.ca.gov** to:

- Find stores and farmers' markets that accept EBT.
- Find surcharge-free ATMs.
- Find restaurants that accept EBT.
- View transaction history or account balance.

How to Send Questions by Text Message

Use your mobile phone to check your balance and to find ATMs, surcharge-free ATMs, restaurants, farmers' markets, and stores that accept EBT.

Go to **www.ebt.ca.gov** to sign up and register your phone number. Standard data and text messaging fees may apply. Check with your cell phone provider.

Here is an example of what to enter in the text message: ATM 90123

- Text BAL to 42265 for your EBT food and/or cash balance.
- Text ATM and your ZIP code to 42265 for nearby ATMs.
- Text SFATM and your ZIP code to 42265 for nearby surcharge-free ATMs.
- Text REST and your ZIP code to 42265 for restaurants that accept your EBT card.
- Text FM and your ZIP code to 42265 to find farmers' markets in your area.
- Text STORE and your ZIP code to 42265 to locate stores that accept your EBT card.

When to Call the Toll-Free Customer Service Number 1-877-328-9677

This is a free call.

Customer Service is open 24 hours a day, 7 days a week to answer any questions you may have about your EBT Card. You will reach an Automated Response Unit and most of your questions can be answered without the need to talk to a Customer Service Representative.

Answers can be provided in Arabic, Armenian (Eastern), Cambodian, Cantonese, English, Farsi, Hmong, Japanese, Korean, Lao, Mandarin, Mien, Punjabi, Portuguese, Russian, Spanish, Tagalog, Ukrainian, and Vietnamese.

Call if:

- Your card is lost or stolen.
- Your card does not work.
- You want to change your PIN because you forgot it or if someone else knows your PIN.

Call Customer Service right away.

- You want to find out how much you have left in your accounts.
- You have been charged for a purchase but didn't get the goods or you were charged too much for what you bought.
- You have other questions or problems.

24 hours a day/7 days a week 1-877-328-9677 or the Client Website www.ebt.ca.gov

TTY: 1-800-735-2929 (Telecommunications Relay Service for Hearing/Speech Impaired)

When You'll Get Your Benefits

The day of the month you get your EBT food benefits and/or cash benefits is based on the last number of your case number.

EBT Food Benefits

If the last number of your case number is:	Your EBT food benefits will be available on the:
1	1st day of the month
2	2nd day of the month
3	3rd day of the month
4	4th day of the month
5	5th day of the month
6	6th day of the month
7	7th day of the month
8	8th day of the month
9	9th day of the month
0	10th day of the month

Restaurant Meals Program (RMP)

Please note that RMP is not available in all counties. Please check with your welfare department for a list of participating counties.

Cash Benefits

If the last number of your case is:	Your cash benefits will be available on the:
1,2,3	1st day of the month
4,5,6,7	2nd day of the month
8,9,0	3rd day of the month

- Benefits are available on weekends and holidays.
- Your balance at the end of the month is added to the next month's balance.

Enter the day your EBT food benefits will go into your account:

_____

(1st through 10th day of the month)

Enter the day your cash benefits will go into your account:

_____

(1st, 2nd or 3rd day of the month)

Things to Remember

About Your Card/Your PIN

- If your card is lost or stolen, call Customer Service right away.
- Take good care of your card.
- Keep your card in a safe place.
- DO NOT let anyone else use your card without permission.
- You use your PIN every time you use your card except when a paper voucher is used.
- DO NOT leave your card at the ATM or POS device.
- Call your welfare department if you move. You will be able to use your benefits in your new county.

About Your Balances

- Save your last receipt so you know your account balance.
- Check your account balance before you go shopping.
- You can get up to your entire cash account balance from an ATM or POS in one day. However, depending on the ATM or POS limits, you may need to do more than one transaction.
- You can check your account balance at **www.ebt.ca.gov.**

About POS Devices

- Use a POS device to buy food with your EBT food benefit account or get cash benefits.

- You cannot be charged a fee to use your EBT food benefits.
- The store may charge a surcharge for getting cash if you do not make a purchase. Ask the store about its policy.

About ATMs

- Use an ATM to withdraw cash benefits.
- Some ATMs charge a fee. Check with your local welfare office or at **www.ebt.ca.gov** to find out where you can use your card free of charge.

This institution is an equal opportunity provider.

State of California
Health and Human Services Agency

Department of Social Services

PUB 388 (8/17)
59606i001

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF LANGUAGE SERVICES

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.
(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.
(Spanish)

قد تتأثر أهليتك للحصول على المزايا العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوبًا بحلول تاريخ معين. إذا احتجت إلى مساعدة إضافية لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.
(Arabic)

Այս նամակում պարունակվող տեղեկությունները կարող են ազդել պետական նպաստներ ստանալու ձեր իրավունքի վրա։ Ձեր պատասխանը կարող է պահանջվել մինչև որոշակի ամսաթիվը: Եթե ձեզ այս տեղեկությունների հետ կապված լրացուցիչ օգնություն է հարկավոր, կարող եք դիմել ձեր վարչաշրջանի աշխատակցին: Դուք իրավունք ունեք ձեր մայրենի լեզվով օգնություն ստանալու: Այդ ծառայությունն անվճար է:
(Armenian)

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចត្រូវប៉ះពាល់ដោយសារព័ត៌មានដែលមាននៅក្នុងលិខិតនេះ។ ការឆ្លើយតបរបស់អ្នកចាំបាច់ត្រូវឱ្យបានតាមកាលកំណត់។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែមទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកធ្វើការនៅក្នុងខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំជំនួយជាភាសាកំណើតរបស់អ្នក។ ការផ្តល់ជំនួយនេះពុំមានគិតថ្លៃនោះទេ។
(Cambodian)

您的公共福利资格可能会受到本信中所含信息的影响。您可能需要在特定日期内作出回应。如果您需要有關此信息的其他帮助，您可以致电所在区县的工作人员。您有权使用母语请求帮助，并無費获取该类帮助。
(Chinese)

صلاحیت شما برای برخورداری از مزایای عمومی ممکن است با اطلاعات مندرج در این نامه تحت تأثیر قرار بگیرد. ممکن است تا تاریخ معینی ملزم به دادن پاسخ باشید. اگر به کمک بیشتری نیاز دارید، می توانید با مددکار کانتی تان تماس بگیرید. شما حق دارید درخواست کنید که کمک به زبان خودتان ارائه شود. ارائه این کمک هزینه ای برای شما در بر ندارد.
(Farsi)

इस पत्र में दीये हुये जानकारी के कारण आपकी सार्वजनिक लाभों की योग्यता प्रभावित हो सकती है। एक निश्चित तिथि तक आपके उत्तर की आवश्यकता हो सकती है। यदि आपको इस जानकारी के सन्दर्भ में अतिरिक्त सहायता चाहिए तो अपने काउंटी कार्यकर्ता से संपर्क करें। आपको अपनी भाषा में सहायता की माँग करने का अधिकार है। इस सहायता के लिए कोई शुल्क नहीं लगता।
(Hindi)

Koj txoj kev pab los ntawm pej xeem cov kev pab cuam yuav cuam tshuam txog qhov muaj cai tau txais kev pab. Tej zaum koj yuav tsum teb rov qab mus raw li hnub hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauj lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab ua yog hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.
(Hmong)

あなたの公的給付金の受領資格は、本文書に含まれる情報にによって影響を及ぼされる可能性があります。回答を期限までに要請される可能性があります。本情報に関してさらに援助が必要な場合は、郡の職員にお電話にてお問い合わせください。言語支援サービスがご利用できます。このサービスは無料です。
(Japanese)

공공 혜택에 관한 귀하의 자격이 이 편지에 포함된 내용에 의해 영향을 받을 수 있습니다. 귀하께서는 정해진 날짜까지 이에 응답할 필요가 있을 수도 있습니다. 본 내용과 관련하여 도움이 필요하시면 카운티 담당 직원에게 연락하십시오. 귀하의 사용 언어로 도움을 요청하실 수 있는 권리가 있으십니다. 도움 비용은 무료입니다.
(Korean)

ຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນໃນຈົດໝາຍສະບັບນີ້. ທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຕິດຕໍ່ພະນັກງານປະຈຳຄາວເຕີຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ໂດຍບໍ່ເສຍຄ່າໃນການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.
(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gorngv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.
(Mien)

ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ, ਇਸ ਪੱਤਰ ਵਿਚ ਸ਼ਾਮਿਲ ਜਾਣਕਾਰੀ ਦੇ ਮੁਤਾਬਿਕ। ਇੱਕ ਖ਼ਾਸ ਤਾਰੀਖ਼ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੀ ਜ਼ਰੂਰਤ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਨਾਲ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਇਲਾਕੇ ਦੇ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫ਼ਤ ਹੈ।
(Punjabi)

Информация, содержащаяся в этом письме, может повлиять на Ваше право получать государственные пособия. Возможно, Вам необходимо будет предоставить ответ до определенной даты. Если Вам нужна дополнительная помощь в связи с этой информацией, обратитесь к сотруднику администрации округа. У Вас есть право обратиться за помощью на Вашем род ном языке. Эта помощь оказывается бесплатно.
(Russian)

การมีคุณสมบัติที่จะได้รับเลือกผลประโยชน์ของภาครัฐของคุณมีผลกระทบจากข้อมูลในจดหมายฉบับนี้ การตอบรับของคุณจะต้องทำภายในเวลาที่กำหนด หากคุณต้องการความช่วยเหลือจากข้อมูลนี้ คุณสามารถติดต่อกับพนักงานในท้องที่ คุณมีสิทธิ์ที่จะขอความช่วยเหลือโดยใช้ภาษาของคุณ ไม่มีค่าใช้จ่ายในการขอความช่วยเหลือครั้งนี้
(Thai)

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.
(Tagalog)

Інформація, яку надано цим листом, може вплинути на Ваші умови отримання допомоги по соціальному забезпеченню. Вона також може вимагати від вас відповіді не пізніше певної дати. Якщо Ви потребуєте додаткової допомоги відносно наданої інформації, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.
(Ukrainian)

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.
(Vietnamese)

Gain financial self-sufficiency through SparkPoint Academy and the CalFresh Employment and Training Program.
Voluntary enrollment gives you access to resources for:

- Job Search workshops
- Job Club
- Interviewing skills
- Mock interviews
- Resume and Cover Letter programs
- Education
- Develop financial literacy (SparkPoint only)
- Computers for job searching and testing
- Transportation assistance
- Interview clothing
- Career Interest and Personality Tests
- "New World of Work" skill badges

Participants must be receiving CalFresh benefits and cannot be enrolled in CalWORKs Employment Services.

We can help!

Contact us for more information or to join a class.

Shasta County
Health & Human Services Agency

cfet@co.shasta.ca.us

(530) 229-8150

SHASTA COUNTY CAPCC
CHILD ABUSE PREVENTION COORDINATING COUNCIL

SparkPoint Academy has offices in Shasta Lake, Anderson and Redding

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

☐ Already registered. I am registered to vote at my current residence address.

☐ Yes. I would like to register to vote. (Please fill out the attached voter registration form.)

☐ No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

_____

Applicant Name Date

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.

2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.