



Interested In CalWORKs or General Relief?

CalWORKs



What is CalWORKs?

CalWORKs 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 \$516.

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.)

2011-2012 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	\$559	6	\$1,729
2	\$916	7	\$1,900
3	\$1,135	8	\$2,069
4	\$1,347	9	\$2,244
5	\$1,538	10	\$2,436

* Add \$21 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 CalFresh (formerly Food Stamps) and Medi-Cal. Also, note that if your family is not potentially eligible to CalWORKs, your family may be eligible to CalFresh and/or Medi-Cal without CalWORKs.

Manually completed by the DCFS CSW by selecting only one box as appropriate.

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 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.
- ✓ Not receiving Supplemental Security Income (SSI)
- ✓ You are a U.S. citizen or legal immigrant.

NOTE: If you are potentially eligible to General Relief, you are also potentially eligible to CalFresh (formerly 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/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 **GR – DCFS Former Foster Youth Effective:** _____
- Potentially Eligible for **Only Medi-Cal/CalFresh** (formerly Food Stamps) –For this selection, screening and referral can only be done by the Linkages GSW.
- Info Only** – No referral to DPSS programs made

DCFS Office: Pasadena Date 01/01/01

Referral 1234567890123456789

Case - OR 19 digit # here when it's an open

Worker Jane Doe

3X57

CSW File#: **DCFS CSW inserts date manually.**

Manually completed by the DCFS CSW.

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, Apt. No., City, Zip Code

Manually Completed by the DCFS CSW by selecting only one box as appropriate.

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

Check One Only:

- CalWORKs - Parent(s) with Child(ren)
CalWORKs - Non-Parent(s) with Child(ren)
CalWORKs - Needy Foster Caregiver/Caretaker with Child(ren)
General Relief (GR) - Parent/Adult and NO Child(ren)
General Relief (GR) - DCFS Former Foster Youth Effective:

SAMPLE

DPSS Use Only: CalWORKs, Food Stamps, Medi-Cal

DCFS CSW manually inserts date.

DCFS Representative Name (Jane Doe), CSW File # (3X57), Date (01/01/01), Referral Id/Name, Case Id/Name, Initiated By (CSW or LGSW), Print Name

Person initiating referral selects "CSW or LGSW."

DCFS manually selects the appropriate DPSS office.

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)

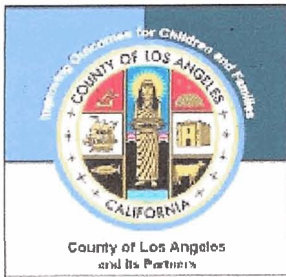
Table with 4 columns and 8 rows listing DPSS District Offices (e.g., Glendale, Pasadena, El Monte, Belvedere, Cudahy, South Special, So. West Special, Wilshire Special, East Valley, Exposition Park, Metro Family, Civic Center, Metro East, Florence, San Gabriel, Compton, So. Central, South Family, San Fernando Branch, Lancaster, Pomona, Metro North, Norwalk, Santa Clarita) with phone numbers and addresses.

CW = CalWORKs CF = CalFresh (formerly 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) 288-4884	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	CALFRESH (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 (323) 890-9800	MENTAL HEALTH (800) 854-7771
	HEALTH					INCOME						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	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Child/Spousal Support: 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 registration, 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: copy of most recent pay stub with name of employer and person who worked OR Signed statement from employer with gross monthly income stated and dates received							For care of a child or disabled adult: receipts, bill or cancelled check 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, medical insurance premiums, 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

DOCUMENT	DEPARTMENT	PHONE NO. & WEBSITE
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
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 www.childsupport.co.la.ca.us

KEY COUNTY OF LOS ANGELES HEALTH & HUMAN SERVICES PROGRAM

- CALIFORNIA CHILDREN'S SERVICES (CCS)
(800) 288-4584
www.dhcs.ca.gov/services/ccs
- CHILD HEALTH & DISABILITY PREVENTION PROGRAM (CHDP)
(800) 993-2437
Long Beach: (562) 570-4226
Pasadena: (626) 744-6016
www.dhcs.ca.gov/services/chdp
- HEALTHY KIDS
(888) 4LA-KIDS (452-5437)
www.chigla.org
- HEALTHY FAMILIES
(888) 747-1222
www.healthyfamilies.ca.gov
- MEDI-CAL
(877) 597-4777
www.dhcs.ca.gov/services/medi-cal
www.ladpss.org/new_portal/dpss_medical.cfm
- MEDICARE
(800) MEDICARE (633-4227)
www.medicare.gov
- CALWORKS
(877) 481-1044
www.ladpss.org/dpss/calworks
- CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
(877) 481-1044
www.ladpss.org/dpss/capi
- CALFRESH
(877) 597-4777
www.ladpss.org/dpss/food_stamps
- GENERAL RELIEF
(877) 481-1044
www.ladpss.org/dpss/general_relief
- IN-HOME SUPPORTIVE SERVICES
(888) 944-IHSS (944-4477)
www.ladpss.org/dpss/ihss
- WOMEN, INFANTS AND CHILDREN
(888) 942-2229
(888) 942-9675
www.wicworks.ca.gov
- CHILD SUPPORT SERVICES
(800) 615-8858 or (323) 890-9800
<http://childsupport.co.la.ca.us>
- MENTAL HEALTH
(800) 854-7771
<http://dmh.lacounty.gov>

OTHER NUMBERS OF INTEREST

- 211 LA COUNTY
www.211lacounty.org
- ACCESS FOR INFANTS AND MOTHERS
(800) 433-2611
www.aim.ca.gov
- COUNT 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!
www.lacountyhelps.org
- SUPPLEMENTAL SECURITY INCOME
(800) 772-1213
www.socialsecurity.gov/ssi