



River City
Food Bank

P.O. Box 160204
Sacramento, CA 95816
916-446-2627

CalFresh Referral Form

Referring Organization: _____ Date: _____

Worker/Volunteer Name _____ Phone # _____

Please fill in your contact information below. The information you provide is confidential and will help us determine if anyone in your household **might be eligible** to apply for CalFresh.

Name:	Spoken Language:
Phone:	Best time to call:
Address:	
City, Zip code:	

1. How many people live in your household? _____

Children (0-21years old)		Adults (22-59 years old)		Older Adults (>60 years old)	
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2. How many household members are citizens or permanent residents? _____

3. How many people do you prepare and eat meals with in your household? _____

4. Are there any household members that receive Supplemental Security Income (SSI) or State Supplemental Payments (SSP)? (YES / NO) If yes, how many? _____

5. Please tell us about your household income:

	Name	Relationship to you	Source of Income	Gross amount per month
1				\$
2				\$
3				\$

6. Do you pay rent or mortgage? (circle one) If yes, how much per month? \$ _____

7. Are your utility bills and housing costs for this month more than your monthly household income? Y or N

8. Do you pay for child care ? If yes, how much per month? \$ _____

9. If you are a senior or disabled, do you have any out of pocket monthly medical costs? Yes or no?

10. IS anyone in the household paying child support? Yes or no If yes, how much per month? _____

Please fax completed form to River City Food Bank at (916) 446-4241

or email to adierlam@rivercityfoodbank.org

Questions? Call Our CalFresh Department 916-233-4075