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:**<br><br>**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) | |

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 for this month more than your monthly household income? Yes or no
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? Contact Amy at 916-233-4075**

COUNTY OF SACRAMENTO

Department of Human Assistance

# AUTHORIZATION FOR RELEASE OF INFORMATION

Case Name
Case Number
Worker Name
Worker Number
Worker Telephone
Date

TO

I, _____ , residing at _____
Applicant/Client Name — Applicant/Client Address

_____ , hereby authorize you to release to
Applicant/Client City/State/Zip Code

River City Food Bank - Amy Dierlam & Evelyn Rodriguez (916) 233-4075 specific information
Name of Agency, Institution, Individual Provider

requested by this agency which I cannot provide concerning: The status of my CalFresh Case and any information pertaining to getting my case approved or staying on CalFresh such as SAR7, Recertification, verifications, etc.

phone number:

email address:

This form was completed in its entirety (or read to me) prior to signing. I understand that I have the right to receive a copy of this authorization upon my request.

Copy requested and received: Yes No Initial

This release is valid for 12 months from the signature date of the client or until revoked by the client.

| | | |
|---|---|---|
| Signature of Applicant/Client | Birth Date | Maiden Name of Mother |
| Birthplace | SSN | Date |
| Signature of Spouse of Applicant/Client | SSN | Date |
| Birthplace of Spouse | Birthdate | Maiden Name of Spouse's Mother |