



CalFresh Referral Form

Referring Organization: _____

Date: _____

Worker/Volunteer Name _____ Phone# _____

Please fill in the contact information below. The information you provide is confidential.

Name:	Spoken Language:
Male or Female	
Phone:	Best time to call:
Email Address:	
Address:	
City, Zip code:	

1. Wanting to apply for CalFresh _____ OR Already on _____ (if on, see question # 7)

2. How many people live in your household?

Children (0-21 years old) _____ Adults (22-59 years old) _____ Older Adults (>60 years old) _____

3. How many household members are citizens or permanent residents? _____

4. How many people prepare and eat meals together in the household? _____

5. Please tell us about the household income:

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

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

7. If already receiving CalFresh benefits, what is the cause for the referral? Please explain below.

Complete and Return to calfresh@rivercityfoodbank.org

Or Fax 916-446-4241 and call us to let us know.

Questions? Contact at 916-233-4075

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

To:

SACRAMENTO COUNTY DEPT OF HUMAN ASSISTANCE - CASE #

(Agency or individual for whom information is requested)

I, (name), residing at (address),

hereby authorize you to release to the

RIVER CITY FOOD BANK - AMY DIERLAM, AMALIA CRUZ AND ELVIRA PASICINIC

(Name of Agency, Institution, Individual Provider)

specific information requested by this agency which I cannot provide concerning

My CalFresh case including the status, the benefit amount and what budget the county is running, NOA's, termination reasons, upcoming SAR7 and Renewals, and anything pertaining to me getting on CalFresh or staying on CalFresh.

This information is needed for the following purpose:

to help me get on CalFresh or stay on CalFresh.

This form was completed in its entirety and was read by me (or to me) prior to signing.

Signature of Applicant

Date

Birthplace

Birthdate

Maiden Name of Mother

Signature or Name of Spouse

Date

Birthplace of Spouse

Birthdate of Spouse

Maiden Name of Spouse's Mother