

CalWORKs, CalFresh and Medi-Cal Intake Application – Verification List

Eligibility Verifications – The following chart contains a list of required verifications that must be received by the county before an application can be approved.

Eligibility Verifications	CalWORKs	CalFresh	Medi-Cal
Birth Verification/U.S. Citizenship (Birth Certificate, Baptismal Certificate (CalWORKs/CalFresh only) etc.)	X	N*	X
Non-Citizen Documentation (United States Citizenship and Immigration Services (USCIS)) documentation)	X	X	X
Identity (Birth Certificate, Baptismal Certificate (CalWORKs/CalFresh only), CA Driver's License, CA ID, Student/Work ID, Voter Registration Card, health benefit ID (CalWORKs/CalFresh only), etc.)	X	X	X
Income (pay stubs, statement from employer, copy of check, self employment records, award letter	X	X	X
Deprivation/Linkage (Absence, Death, Incapacity, or Unemployment) (Death Certificate, unemployment benefits, workman's compensation benefits, Social Security disability benefits, SSI/SSP, etc.)	X	N/A	X
Other Health Coverage (OHC) (Medical or dental coverage card)	N/A	N/A	X
Pregnancy <ul style="list-style-type: none"> • Medi-Cal – Self declaration for 60 days • CalWORKs – Dr. statement required 	X	N/A	X
Property/Resources (Car registration, bank statement, life insurance policy, etc.)	X	N/A	X*
Residency (Mortgage statement, rent receipt, utility bill with current address, etc.)	X	X	X
Social Security Number	X	X	X
Student (Financial aid information, enrollment paperwork, etc.)	X	X	N*
Statewide Fingerprint Imaging System (SFIS) – Completed at the Transitional Assistance Department (TAD) office	X	N/A	N/A

Deduction/Expense Verification – The following chart contains a list of verifications that may be required to allow a deduction/expense. If the required verification is not provided, the application will be processed, but the deduction/expense will not be allowed.

Deduction/Expense Verification	CalWORKs	CalFresh	Medi-Cal
Child Support (Court Ordered) (Court order, paystub garnishment, etc.)	N/A	X	X
Dependent Care/Child Care (Provider statement, etc.)	N/A	X	X
Medical Expense (Medical bills, pharmacy bills, etc.)	N/A	X	X
Shelter Expense (Rent receipt, mortgage statement, mortgage insurance/taxes, etc.)	N/A	N*	N/A
Utility Expense (Heating or cooling bill, water, sewage, phone bill)	N/A	N*	N/A
Vehicle Encumbrance (Loan/payment statement)	X	N/A	X

X = Required

N/A = Does not apply

N* CalFresh = Verification only required if the customer's answer is questionable.

N* Medi-Cal = Verification only required if the family has a disabled child, is 18+ years of age, or is eligible to the 1931 Program

X* Medi-Cal = Property not provided and the case has a child(ren) and/or pregnant woman, the case will be screened for the Property Waiver (PW).Program