

BenefitsCal | Quick Guide: Apply for Benefits

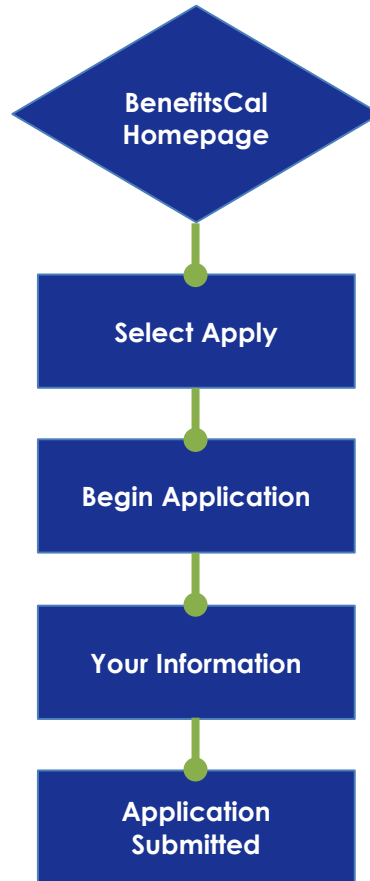
Purpose

The purpose of this BenefitsCal Quick Guide is to provide instructions to assist customers with applying for benefits online.

The following program applications are supported:

- CalFresh
- CalWORKs
- Medi-Cal
- CMSP
- GA/GR
- Disaster CalFresh

High-Level Process Flows



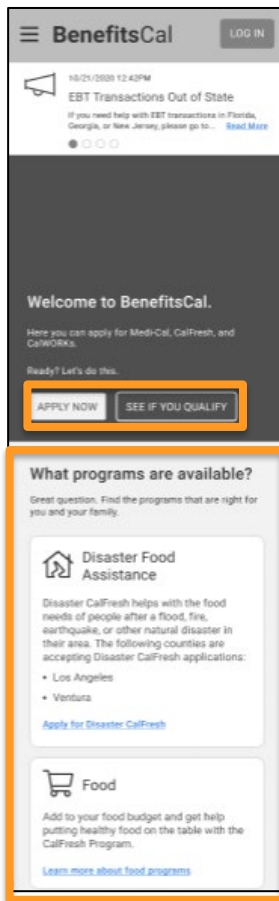
FAQs

Q: Can a customer apply for Cash Assistance and later apply for food assistance?

A: Customers may apply for programs at any time using BenefitsCal. Customers may have multiple applications with different start dates but only one in progress.

Apply for Benefits

1



Welcome to BenefitsCal – Homepage

The homepage provides a summary of programs to customers. This is the starting point of an application.

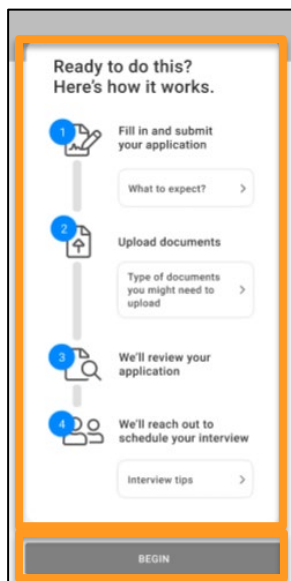
Click the **SEE IF YOU QUALIFY** button to pre-screen for eligibility.



Customers do not need to login or create an account to apply. However, it is helpful to have an account to track the application processing status after submission.

Click the **APPLY NOW** button to begin an application.

2



Apply: Getting Started

Information on the application process is provided to you and the following carets are available.

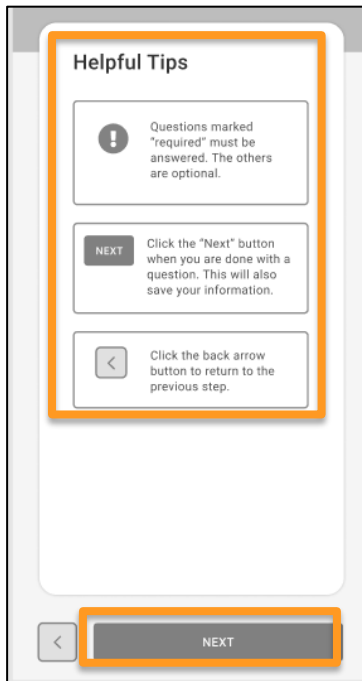
What to expect: Sets the expectation of what information and documents are asked in the application and what are the steps to complete the application.

Types of documents you might need to upload: Helps the customer understand what documents are needed and whose documents need to be uploaded.

Interview Tips: The county will reach out to schedule an interview. The customer can select the day(s) and the part of day that works best.

Click the **BEGIN** button.

3

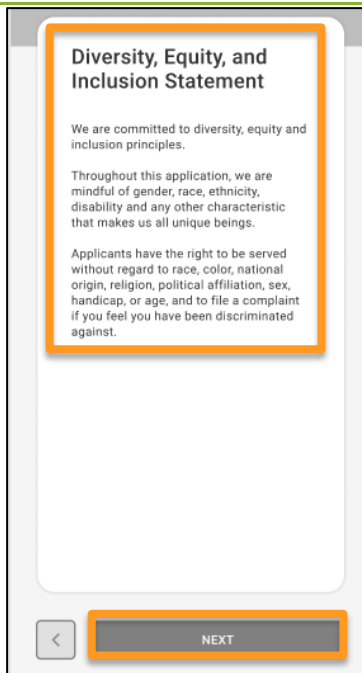


Your Information > Helpful tips

Helpful tips explain to the customer what each item means on following pages.

Click the **NEXT** button.

4



Your Information > Diversity, Equity, and Inclusion Statement

The Diversity, Equity, and Inclusion Statement is for the customer to read.

Click the **NEXT** button.

5

Let's start by getting to know a little about you.

How are you feeling about the application process?

Good! Just Okay Nervous

We're good with it too! Helping people apply for benefits is our thing. Last year, we helped more than 10 million families get the aid they needed.

< NEXT

Sentiment Check

Sentiment checks are used to determine how customers feel about starting an application. This is an optional question.

Information is collected at the start and at the end to measure how customers feel about the application process. The project team uses this to improve the customer experience (CX) process over time.

Click the button that best applies.

Click the **NEXT** button.

6

Application Summary

Your Information Not Reviewed START

People Not Available START

Household Details Not Available START

Income Not Available START

Expenses Not Available START

Assets Not Available START

Other Situations Not Available START

Document Upload Not Available START

Review & Submit Not Available START

Application Summary

The Application Summary displays the different sections of the application.

The first three sections unlock one at a time (user must complete them in order).

After the Household Details section is complete, all sections (Job and Income, Expenses, Assets and Other Situations) become available to the user (section status is changed to "Not Reviewed" and the icon is an opened lock), meaning they can go through the sections in the order they choose.

Click the **START** button.

7

What's your preferred language?

What language do you prefer to read?
- Select One -

What language do you prefer to speak?
- Select One -

In what language would you like to complete this application? (required)
- Select One -

Need Language Help?

If you need a free interpreter, [please contact your county office.](#)

< NEXT

Your Information > Preferred Language

The customer can select a language they prefer to read, speak, and language to complete this application from the drop lists.



Click the **please contact your county office** hyperlink if you need an interpreter.

Click the **NEXT** button.

8

Step 1 - Your Information

What's your name?
(Nice to meet you!)

First Name (required)
John

Middle Name

Last Name (required)
Doe

Suffix
- Select One -

Other Names

Maiden, Nicknames

< NEXT

Your Information > Your Name

The customer completes the following fields: **First Name, Last Name**, and any other fields that may apply. First and Last Name are required, the other fields are optional.

Click the **NEXT** button.

9

Step 1 - Your Information

Are you a person with a disability and need help to apply?

Yes No

Are you a person who is deaf or hard of hearing?

Yes No

< NEXT

Your Information > Disability Information

If the customer is disabled or deaf or hard of hearing they will click the **Yes** or **No** button that best applies for both questions.

Click the **NEXT** button.

10

Step 1 - Your Information

Are you a person experiencing homelessness? (required)

This could include:

- Staying in a supervised shelter, halfway house, or similar place
- Staying with another person or family for no more than 90 days in a row
- Sleeping in a place not designed for, or normally used as, a place to sleep (a hallway, a bus station, a lobby, or similar)

Yes No

< NEXT

Your Information > Homelessness

A brief description explains what homelessness to the customer is allowing the customer to click the **Yes** or **No** button that best describes their situation.

Click the **NEXT** button.

11

Step 1 - Your Information

Where do you currently live?

Address Line 1 (required)

Address Line 2

City (required)

County (required)

- Select One -

State

California

Zip Code (required)

NEXT

Your Information > Current Address

The customer will need to complete the following required fields: **Address, City, County, and Zip Code.**

Click the **NEXT** button.

12

We found a few ways to list your address. Which would you like to use?

Suggested Address

1234 Main Street
Apartment 1000
Los Angeles, CA 90001

Address You Entered

1234 Main Street
Apartment 1000
Los Angeles, CA 90001

USE SELECTED ADDRESS

[Correct my address](#)

We can't validate your address. Let's double check if it's right.

Address You Entered

1234 Main Street
Apartment 1000
Los Angeles, CA 90001

USE THIS ADDRESS

[Correct my address](#)

Your Information > Address Verification

The address is matched against the post office and allows the address to remain as entered or to update by clicking the radio button next to the address to be used.

Click the **USE SELECTED ADDRESS** button.

If the address is not validated, a message displays giving the customer a chance to use the entered address or update the address by clicking the correct my address hyperlink.

13

Do you get your mail at a different address?

Yes No

Where do you receive your mail?

Address Line 1 (required)

Address Line 2

City (required)

State (required)

- Select One -

Zip Code (required)

NEXT

Your Information > Mailing Address

Customer clicks the **Yes** or **No** button that best answers the question.

Selecting the **Yes** button opens a new section on the screen to complete the mailing address.

Click the **NEXT** button.

14

Which benefits are you applying for? (required)

Select at least one. For Cash Aid, select the one that best applies to your situation.

Food (CalFresh)

Cash Aid for Families (CalWORKs)

Cash Aid for Adults (GA/GR)

Health Coverage (Medi-Cal)

Not sure what to choose?

That's ok. Take your best guess and when you talk to your caseworker, they can help you decide. You also find more information about each program in the [Help Center](#).

NEXT

Select Programs to Apply

Each program card displays information about the program.

Additional information is available for each program in the Help Center.

Click the check box next to the program(s) for which the customer is applying.

Not sure what to choose? To access additional information about each program, click the **Help Center** hyperlink. More information in the help center about each program available to help select available programs.

Click the **NEXT** button.

15

Step 1 - Your Information

Do you want to authorize someone to help you with your CalFresh case?

This is also known as an authorized representative.

Yes No

What is a CalFresh Authorized Representative?

This person can:

- Speak for you at the interview
- Help you complete forms
- Shop for you
- Report changes for you

This person should be 18 years or older.

< NEXT

Your Information > Authorized Representative

Customers are asked if they would like an authorized representative to help with their application. Click the **Yes** or **No** button.

An explanation displays on what the authorized representative can do to help the customer.

Click the **NEXT** button.

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Step 1 - Your Information

Do you want to name someone to get and spend your CalFresh benefits for you?

Yes No

What does this mean?

This person can use your Electronic Benefits Transfer (EBT) card to buy food for you.

< NEXT

Your Information > EBT Purchasing

Customers are asked if they would like someone to be able to use their EBT card to purchase food for them. Click the **Yes** or **No** button.

An explanation displays what an individual can do with the EBT card for the customer.

Click the **NEXT** button.

17

Step 1 - Your Information

Do you want to authorize someone to help with your health coverage application?

This is also known as an authorized representative.

Yes No

What is a Health Authorized Representative?

This person can:

- Talk about your health insurance
- See your information
- Act for you on things about this part of your application

< NEXT

Your Information > Authorized Representative Health

Customers are asked if they would like an authorized representative to help with their health coverage application. Click the **Yes** or **No** button.

An explanation displays on what the authorized representative can do to help the customer.

Click the **NEXT** button.

18

Step 1 - Your Information

Have you applied for Medi-Cal or other health insurance through Covered California?

Yes No

Covered California Case Number

How do I find my case number?

- Log in to your account at coveredca.com
- Your number will be at the top right of the page

< NEXT

Your Information > Covered California

Customers are asked if they have applied for insurance through Covered California. Click the **Yes** or **No** button.

If Yes, is selected a new field for the Covered California case number. Information displays to help the customer find their case number in Covered California.

Click the **NEXT** button.

19

Step 1 - Your Information

What's your contact information?

Home Phone

Mobile Phone

Work Phone/Alternate Phone

Email

Next button

This screenshot shows a mobile application screen titled "Step 1 - Your Information". The main heading is "What's your contact information?". Below this heading are four text input fields: "Home Phone", "Mobile Phone", "Work Phone/Alternate Phone", and "Email". Each field is highlighted with an orange border. At the bottom of the screen, there is a back arrow on the left and a "NEXT" button on the right, both also highlighted with an orange border.

Your Information > Contact Information

Complete the following fields: **Home Phone, Mobile Phone, Work Phone/Alternate Phone,** and **Email.**

Click the **NEXT** button.

20

Let us know if we could contact you via email.

Does this sign me up for emails?

This will not sign you up for emails. It will not prevent you from getting information mailed to you. To sign up for emails and text messages, [go to your account settings.](#)

Can we email you information about your application?

Yes No

Can we email you information about your case?

Yes No

Next button

This screenshot shows a mobile application screen titled "Let us know if we could contact you via email.". The first question is "Does this sign me up for emails?" with a dropdown arrow. Below it is a paragraph of explanatory text: "This will not sign you up for emails. It will not prevent you from getting information mailed to you. To sign up for emails and text messages, go to your account settings." The second question is "Can we email you information about your application?" with "Yes" and "No" buttons. The third question is "Can we email you information about your case?" with "Yes" and "No" buttons. Each of these three question sections is highlighted with an orange border. At the bottom of the screen, there is a back arrow on the left and a "NEXT" button on the right, both also highlighted with an orange border.

Your Information > Email Consent

Click the caret next to Does this sign me up for Emails? to see more information.

This does not sign the customer up for Emails. The customer will still receive items in the mail.

To receive Emails the customer will need to have a BenefitsCal account and opt into Electronic notices in account settings.

Click the **NEXT** button.

21

What's your date of birth?

Date of Birth (required)

••-••-••••

NEXT

Your Information > Date of Birth (DOB)

Customer enters their Date of Birth using the calendar icon or directly entering in MM/DD/YYYY format.

Click the eye icon in the field to see the entered information.

Click the **NEXT** button.

22

What's your sex?

Why are we asking about your sex? ▾

This is optional. It does not impact you getting benefits. It is used for civil rights statistics.

I prefer not to answer

Male

Female

NEXT

Sex (Male/Female – Optional to apply, required to receive benefits)

Click the caret to see why the question about your sex is being asked.

Click the radio button next to the one that applies to the customer.

Click the **NEXT** button.

23

What's your gender identity?

Why are we asking about your gender identity? ▼

This is optional. It does not impact you getting benefits. It is used for civil rights statistics.

I prefer not to answer

Male

Female

Non-Binary

Transgender (Female to Male)

Transgender (Male to Female)

Another Gender Identity

< NEXT

Gender Identity (Optional)

Click the caret to see why the gender identity question is being ask.

Click the radio button next to the one that applies to the customer.

Click the **NEXT** button.

24

Step 1 - Your Information ▼

What's your sexual orientation?

Why are we asking about your sexual orientation? ▼

This is optional. It does not impact you getting benefits. It is used for civil rights statistics.

I prefer not to answer

Straight or Heterosexual

Gay or Lesbian

Bisexual

Queer

Another Sexual Orientation

Unknown

< NEXT

Sexual Orientation (Optional)

Click the caret to see why the sexual orientation question is being ask.

Click the radio button next to the one that applies to the customer.

Click the **NEXT** button.

25

Do you have a Social Security number?

Yes

No

I don't have it right now

Why do you need a Social Security number?

It's a unique way to identify you. Need a Social Security number? Call 1-800-772-1213 or visit socialsecurity.gov.

A Social Security number is optional for household members who aren't applying for benefits.

Your Information > Social Security Number (SSN)

Select the radio button next to the appropriate answer.

Selecting **Yes** opens a new screen asking for the SSN.

Selecting **No** opens, a new screen asking for the reason for not having an SSN.



Clicking the caret for Why do you need a Social Security number displays the customer information on getting an SSN and who will need one.

Click the **NEXT** button.

26

What's your marital status?

Common Law

Divorced

Married

Never Married

Registered Domestic Partner

Separated

Single

Widowed

Your Information > Marital Status

The customer will need to select the radio button next to the one that applies.

Click the **NEXT** button.

27

Are you a U.S. citizen or national?

Yes NO

Date Entered U.S.

Do you have an eligible immigration status?

Yes No

Document Type

- Select One -

Document Number

Have you lived in the U.S. continuously since 1996?

Yes No

Are you a naturalized citizen?

Yes No

NEXT

Your Information > Citizen or National

Selecting the **Yes** button goes to the next screen.

Selecting the **No** button opens new sections on the screen for the customer to complete and based on answers may open new screens to complete.

Complete the date entered the U.S. using the calendar icon or directly entering in **MM/DD/YYYY** format.

Answer **Yes** or **No** for eligible immigration status. Complete the remaining fields based on prior answers.

Click the **NEXT** button.

28

Are you of Hispanic, Latino, or Spanish origin?

I prefer not to answer

Yes

No

What is your Hispanic, Latino, or Spanish origin?

- Select One -

Why are we asking?

It's optional, but it helps to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount.

Also, the County will record your ethnic group and race. It will only be used for civil rights statistics.

NEXT

Hispanic, Latino, or Spanish Origin

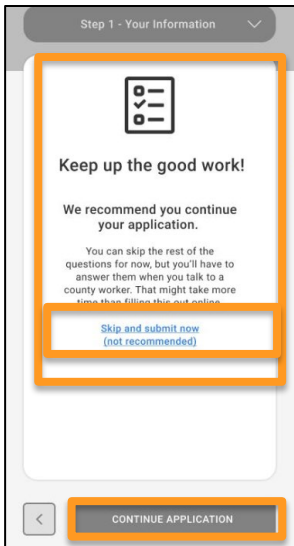
Select the radio button next to the appropriate answer.

Selecting **Yes** will open a new section/screen asking for more information about origin in a drop list.

Clicking the caret for Why are we asking? displays to the customer information on the collection for the civil rights statistics.

Click the **NEXT** button.

29



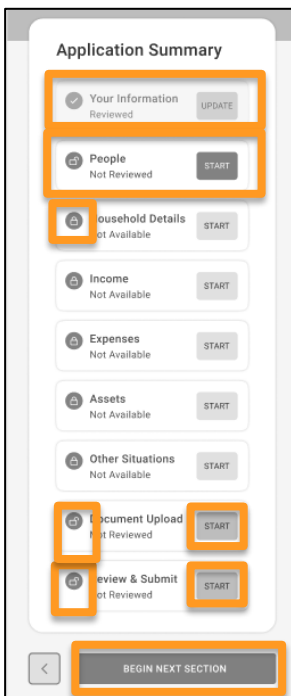
Summary – Next Step

Clicking the **Skip and submit now** hyperlink takes the customer to the expedite food assistance page when CalFresh and Immediate Need for CalWORKs are selected.

Clicking the **CONTINUE APPLICATION** button is highly recommended to continue completing the application.

Click the **Skip and submit now** hyperlink.

30



Application Summary

The Your Information section is now showing **UPDATE** allows the customer to go back and make changes if needed.

The People section is now unlocked and ready to be started.

The Household Details is showing locked as the customer must complete the People section for the Household Details to unlock.

The Document Upload is now unlocked and ready to be started. The customer may upload documents at this time, or they can submit.

Clicking the **BEGIN NEXT SECTION** will start the People section of the application.

Click the Start button for **Review and Submit**.

Let's review a quick summary of your details page. Next button

31

Review and Submit

This allows the customer to review their application, the programs selected and individual information. The **UPDATE** button allows the customer to change information prior to submitting the application.

Click the **NEXT** button.

32

Expedited Services Criteria

Questions are to determine if expedited food assistance is needed. Online help explains the income and expenses that may make it possible for expedited food assistance.

Based on the answers, a new screen may open letting the customer know they may qualify for expedited food assistance.

Click the **NEXT** button.

33

You may be able to get money or aid quickly to help with any of the below emergencies.

Select if someone in your household...

- Has their utilities shut off or a shut-off notice
Utilities include heating, cooling, power, and phone.
- Will run out of food in 3 days or less
- Needs essential clothing
This includes diapers or cold weather clothing.
- Needs rides to get food, clothing, medical care, or other emergency items
- Has an eviction notice or a notice to pay rent or leave
- Has immediate medical needs
- Is a victim of child abuse
- Is a victim of domestic abuse
- Is a victim of elder abuse
- Is pregnant
- Has other emergency which threatens health or safety
- None of these apply

< NEXT

Immediate Need Criteria

Questions are to determine if an immediate need exists in the home.

The customer can select one or more checkboxes.

Based on the answers, a new screen may open letting the customer know they may qualify for Immediate Need for CalWORKs.

Click the **NEXT** button.

34

Step 9 - Review & Submit

We'll need to chat with you before you start receiving benefits.

Do you prefer an in-person or phone interview for CalFresh?

- In-person
- Phone

Do you need any other arrangements due to a disability?

Yes No

< NEXT

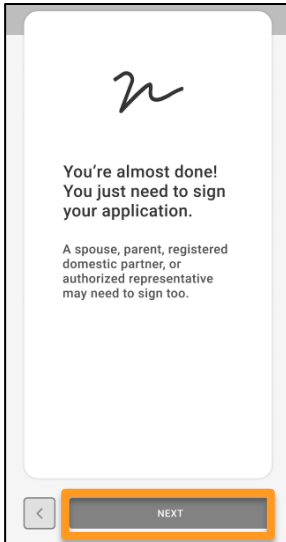
Review & Submit

CalFresh applications allow the customer an option of in-person or phone interviews.

If special arrangements are need the customer can select **Yes** and a new screen opens to details about the disability.

Click the **NEXT** button.

35



Review & Submit

Your almost done! Let's the customer know the signature page is coming up and who will need to sign the application.

Click the **NEXT** button.

Please sign below.

[Review my application](#)

- I read, or had read to me, the information in this application and my answers to the questions in this application
- Any answers I have given are true, correct, and complete to the best of my knowledge
- I read, or had read to me, and I understand and agree to the [Rights and Responsibilities](#)
- I read, or had read to me, the [Program Rules and Penalties](#)
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against you and/or you may be barred for a period of time (or life) from getting CalFRESH benefits and cash aid
- I understand that Social Security numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties
- By entering my name, I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent recovery or overissuance

Signature of main applicant, adult household member, caretaker relative, authorized representative, or guardian

First Name (required)

Last Name (required)

Date (required)

By checking this box, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

E-Signature

Select the **Review my report** hyperlink to review a copy of the application.

Customers are responsible for reading the **“Rights and Responsibilities and Program Rules and Penalties.”**

Enter the **First Name, Last Name**, and today's **Date (MM/DD/YYYY)**.

Click the checkbox to electronically sign the application.

Click the **SUBMIT SIGNATURE** button.

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Step 9 - Review & Submit

Enter the signature of your spouse, other parent, other aided adult, or registered domestic partner.

First Name

Last Name

Date

By checking this box, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

E-Signature: Spouse or Partner

The second e-signature displays if the customer applied for CalWORKs and another adult is in the home beyond the primary applicant.

Enter the **First Name**, **Last Name**, and **today's Date (MM/DD/YYYY)**.

Click the checkbox to electronically sign the application.

Click the **SUBMIT SIGNATURE** button.

38

Before you go, let's choose your preferred office.

Why do I have to select an office?
 This is where your caseworker will be if you need to meet with them. This is also where we are sending your application.

Here's the closest office based on your programs. You can select another one.

Van Ness Center
 1234 Main Street
 Apartment 1000
 Los Angeles, CA 90001
 3 miles | [Get directions](#)

75th St. Center
 4321 75th St
 Suite 200
 Los Angeles, CA 90001
 3 miles | [Get directions](#)

80th St. Center
 6000 80th St
 Los Angeles, CA 95948
 3 miles | [Get directions](#)

Office Selection

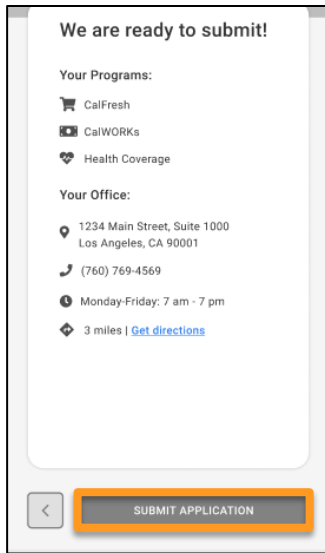
Customers can select an office to process their application if, for example, they prefer to select an office closer to their work location than their home location.

Customers do not need to modify their office: this is an optional feature.

Select the radio button for office choice. The nearest office will display first.

Click the **NEXT** button.

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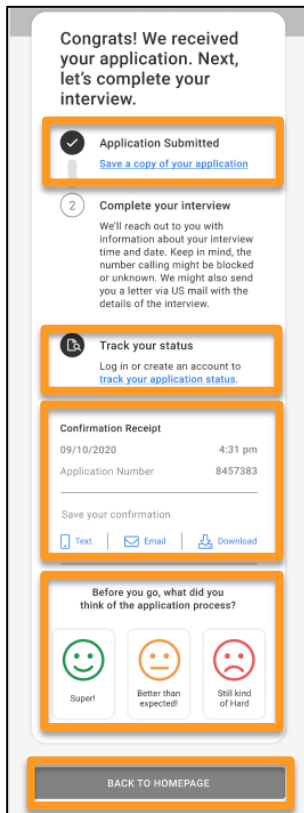


Submit Application

Customers can use the back button to make any changes before submitting.

Click the **SUBMIT APPLICATION** button.

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Confirmation

Click the **Save a copy of your application** hyperlink to save a copy.

Select the **track your application status** hyperlink to navigate to the Customer Dashboard to view the application status. If the customer did not create an account, selecting the hyperlink will instead display the Create an Account screen.

A Confirmation receipt is available includes the following:

- ✓ Date Time
- ✓ Case Number
- ✓ Form Type

The customer can click a save receipt method to text, Email, or print a receipt of the application.

Click the **BACK TO HOMEPAGE** button to return to the Customer Dashboard.