

## BenefitsCal | Quick Guide: Disaster CalFresh Benefits

### Purpose

The purpose of this BenefitsCal Quick Guide is to provide County workers with instructions on how to assist customers that are submitting a Disaster CalFresh application.

Note: Customers will first be prompted to answer questions about their home address and work address to determine if they are affected by the disaster. If they meet the criteria, they can apply for Disaster CalFresh.

### High-Level Process Flows



### FAQs

**Q: When can I apply for Disaster CalFresh?**

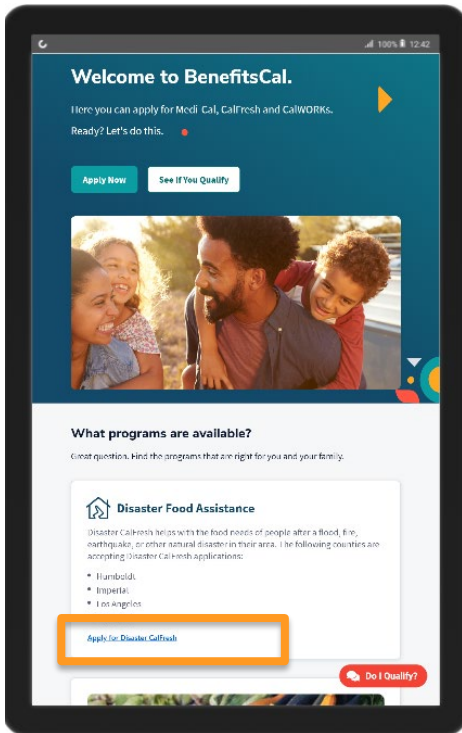
**A:** The Disaster CalFresh program is enabled for customers to apply during a declared state of emergency at the direction of the State and CDSS agency

**Q: Can I get Disaster CalFresh if I work in the disaster zone but live outside of the disaster zone?**

**A:** Yes, disasters can destroy the place of business making employees eligible to apply for Disaster CalFresh benefits.

# Disaster CalFresh Benefits

1

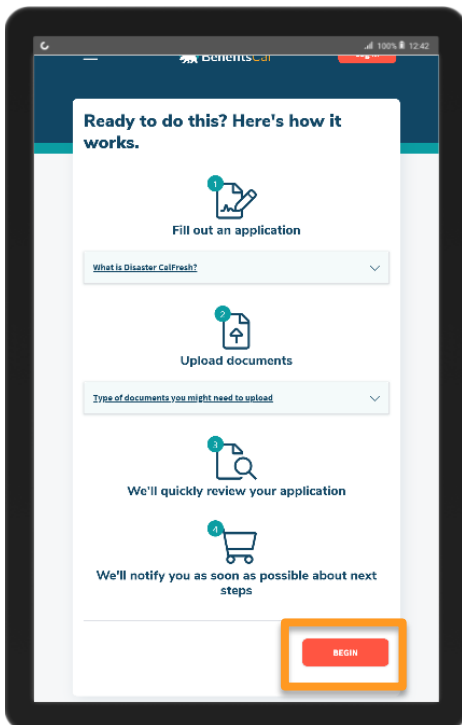


## Dashboard

When a disaster is declared in an area, Disaster CalFresh will appear on the Dashboard. Only individuals who work or live in the declared area will be eligible.

Click the **Submit a Disaster CalFresh application** hyperlink to begin.

2

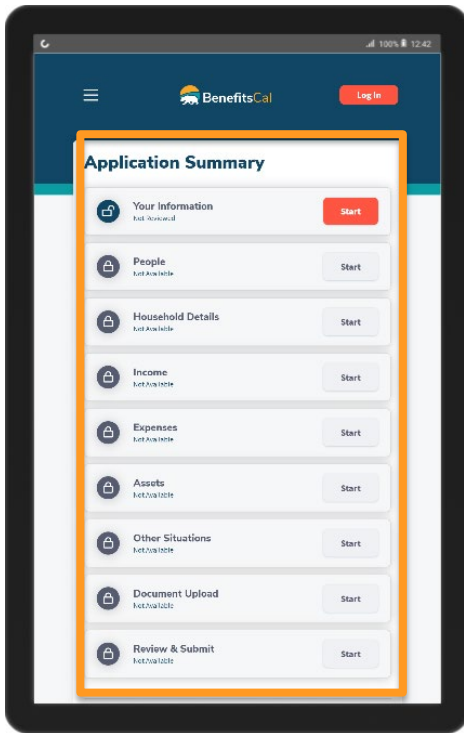


## Dashboard > Apply

Click the caret to see detailed information on What to expect, Upload documents, We'll review your application, and We'll reach out to schedule your interview.

Click the **BEGIN** button.

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### Application Summary

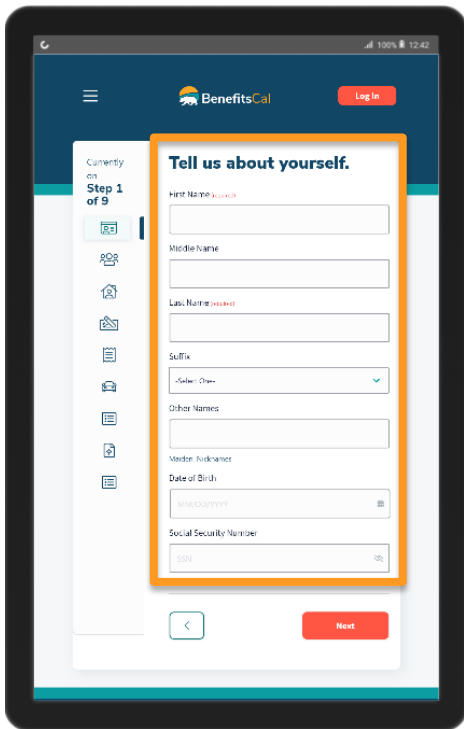
The Application Summary displays the different sections of the application process. The Application Summary also displays where you are in the status flow.



The customer must complete the Your Information, People, and Household Details sections before the remaining sections become available.

Click the **START** button next to Your Information.

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### Your Information

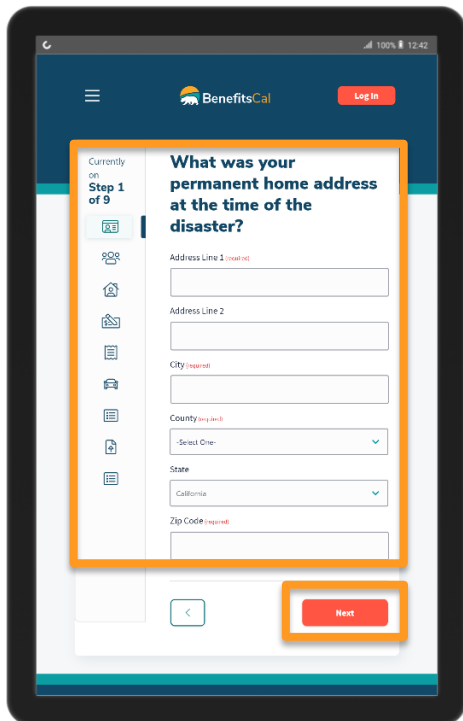
Complete the following fields:

- ✓ First Name
- ✓ Middle Name
- ✓ Last Name
- ✓ Suffix
- ✓ Other Names
- ✓ Date of Birth
- ✓ Social Security Number

Click the **NEXT** button.



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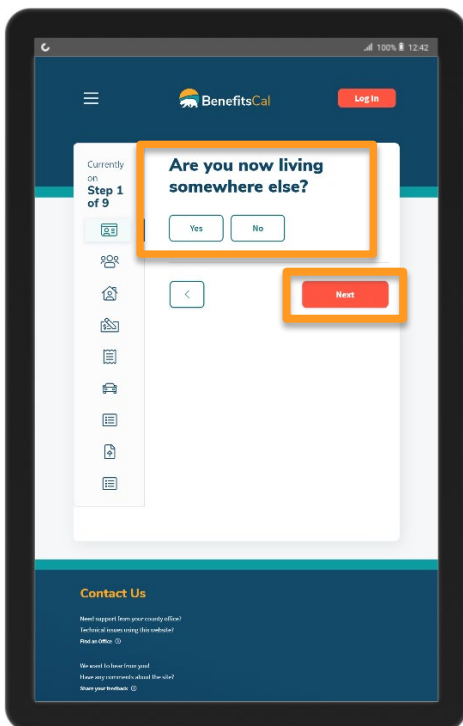
### Address at the time of the disaster

Complete the following permanent address at the time of disaster fields:

- ✓ Address
- ✓ City
- ✓ County
- ✓ Zip Code

Click the **NEXT** button

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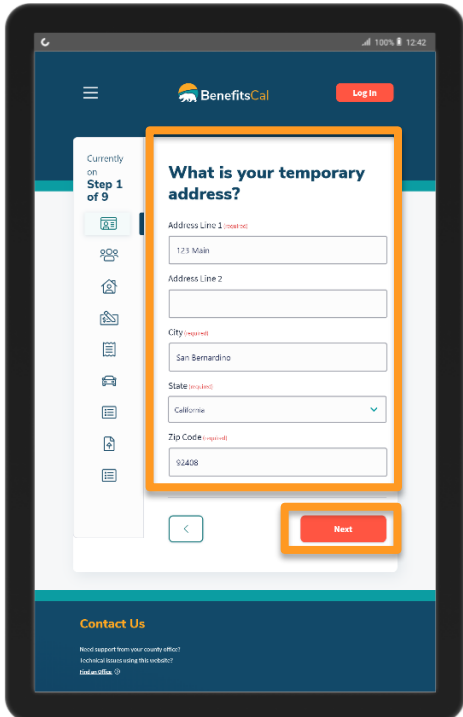
### Living Somewhere Else?

Click the **Yes** or **No** button that best answers the question.

If yes, a screen will display to capture the temporary address information.

Click the **NEXT** button.

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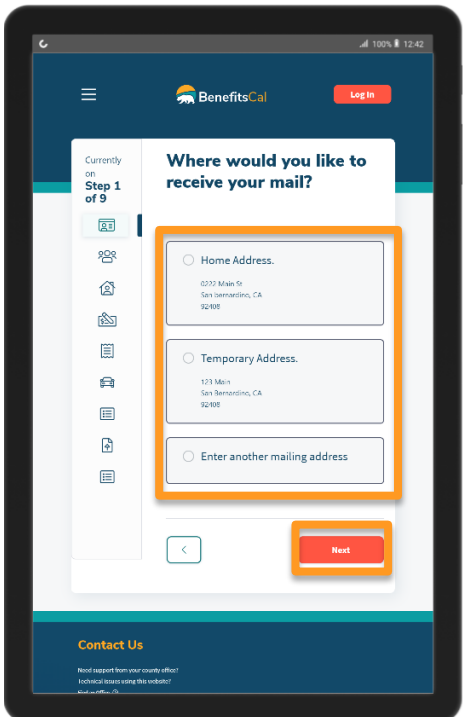
### Temporary Address

If Yes was selected in the previous step (that the customer is now living somewhere else during the disaster), complete the following temporary address fields:

- ✓ Address
- ✓ City
- ✓ County
- ✓ Zip Code

Click the **NEXT** button.

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### Receive Mail

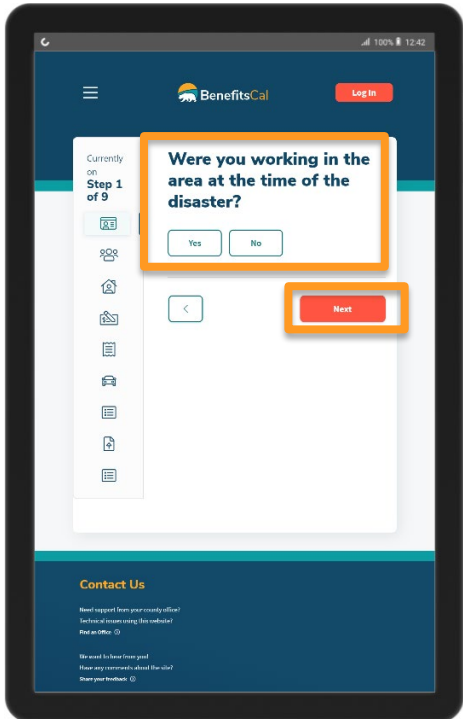
Address information displays addresses gathered earlier. The view may have fewer entries displaying.

Click the radio button next to the address to be used to receive mail.

Clicking the **Enter another mailing address** radio button will open a new address information screen to complete.

Click the **NEXT** button.

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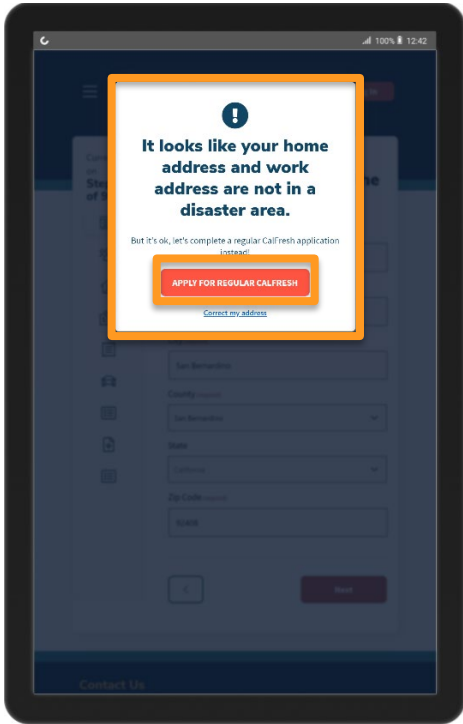
### Work location at the time of the disaster

Click the **Yes** or **No** button that best describes the situation.

If yes, a new screen opens to capture the work address at the time of disaster.

Click the **NEXT** button.

10



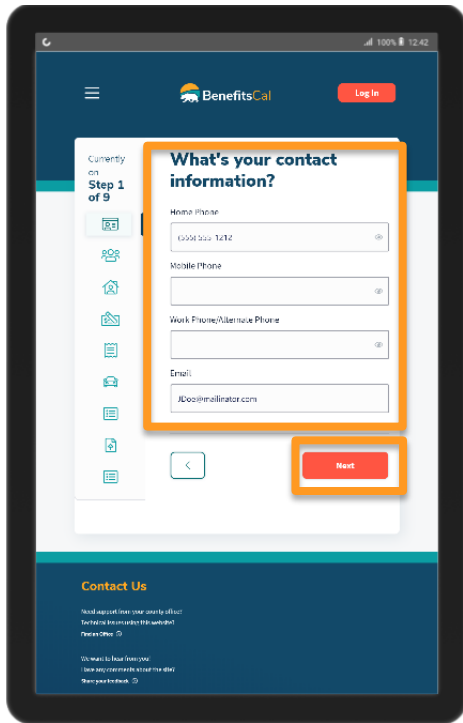
### Addresses are not within the disaster area

A message will display if the customer was neither living nor working within the disaster zone. This means the individual is likely not eligible for Disaster CalFresh.

The customer can change their address by clicking the **Correct my address** hyperlink.

The customer could proceed with a regular CalFresh application by clicking the **APPLY FOR REGULAR CALFRESH** button.

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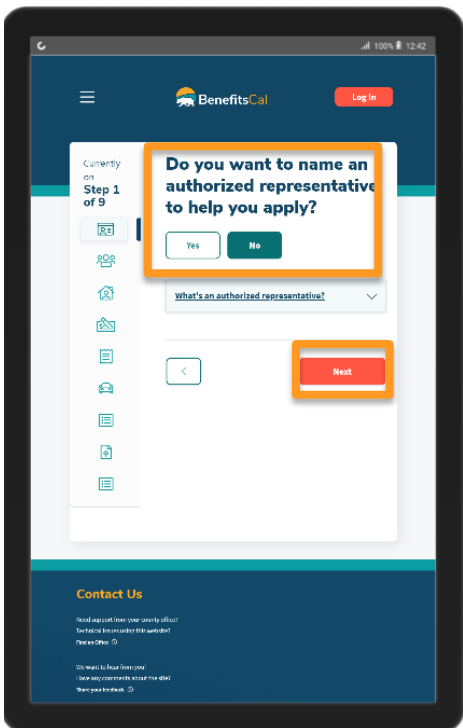
### Contact Information

Complete the following fields:

- ✓ Home Phone
- ✓ Mobile Phone
- ✓ Work Phone/Alternate Phone
- ✓ Email

Click the **NEXT** button.

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### Authorized Representative

Click the **Yes** button to name an authorized representative. A new screen will display to collect the **authorized representative information**.

Click the **What is an authorized representative?** hyperlink to display the description of an authorized representative, to help the customer make an educated decision.

Click the **NEXT** button.

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### Other Household Members

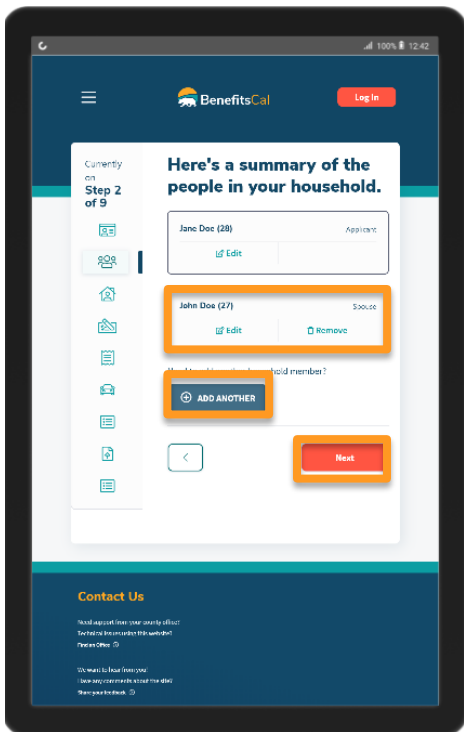
Clicking the Who should I include hyperlink will explain who should be included in the application.

Click the **Yes** or **No** buttons to indicate whether others live in your home at the time of disaster.

Clicking the **Yes** button will open a new screen to capture additional person information.

Click the **NEXT** button.

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### Household Member Summary

The Application Summary screen displays a summary of household members.

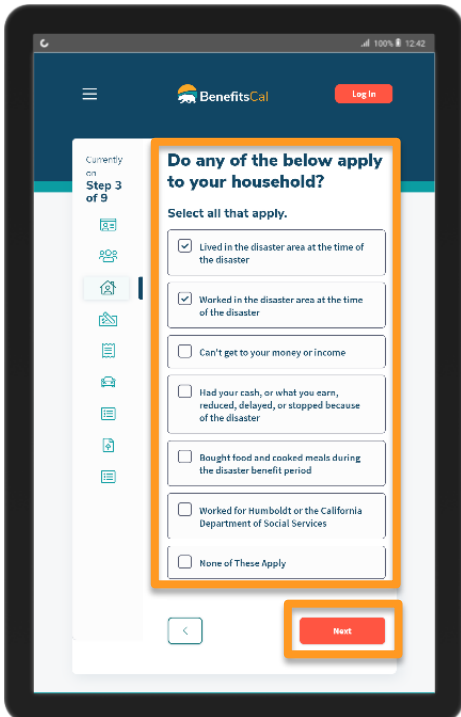
Click the **Edit** hyperlink to modify the individual's information.

Click the **Remove** hyperlink to remove the individual from the application. Please note: the initial applicant cannot be removed.

Click the **Add Another** button to add additional people to the application.

Click the **NEXT** button.

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## Disaster Situations

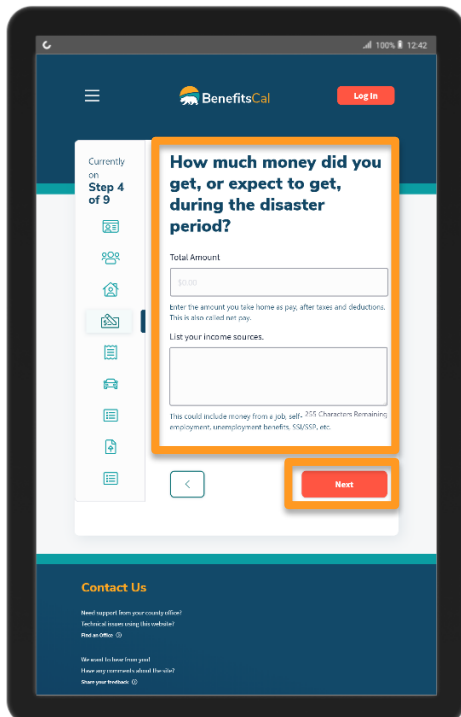
A list of disaster situations displays.

Click each checkbox for items that apply or select **None of these apply** (the last option).

Each item check marked will open new screens for the customer to complete.

Click the **NEXT** button.

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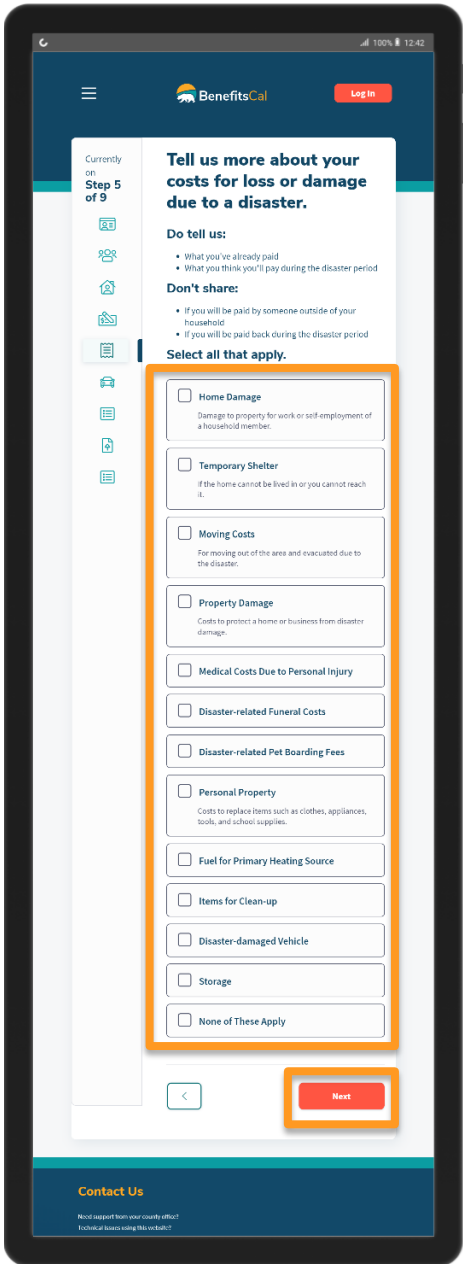


## Income

Enter the total net income amount and the source(s) of income in the fields. This is the amount of income after taxes and other deductions.

A brief description displays explaining what to enter in each field.

Click the **NEXT** button.



### Expenses

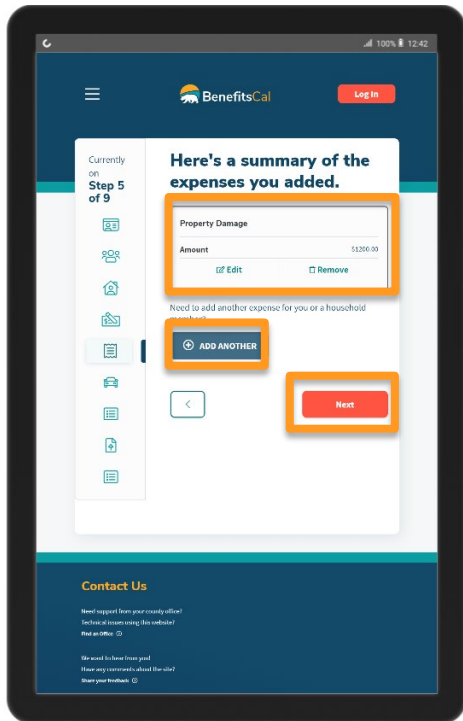
A list of disaster related expenses displays.

Click the check box next to all expenses due to damage from the disaster. A brief description of each expense is available to explain the expense.

Each item selected will trigger new screens for the customer to complete.

Click the **NEXT** button.

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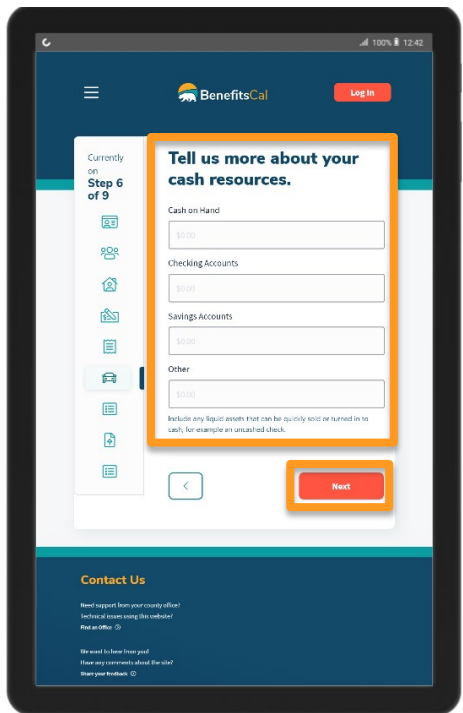
### Expense Summary

The Application Summary screen displays the expenses that were entered.

Click the **ADD ANOTHER** button to add additional expenses to the application.

Click the **NEXT** button.

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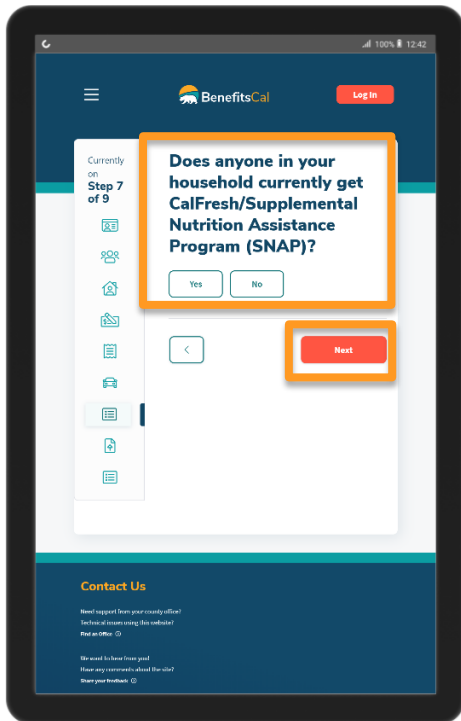


### Assets

The customer is asked to report cash resources or liquid assets. A short description displays at the bottom of the list.

Enter the amounts regarding cash on hand, checking, savings, and other available assets.

Click the **NEXT** button.



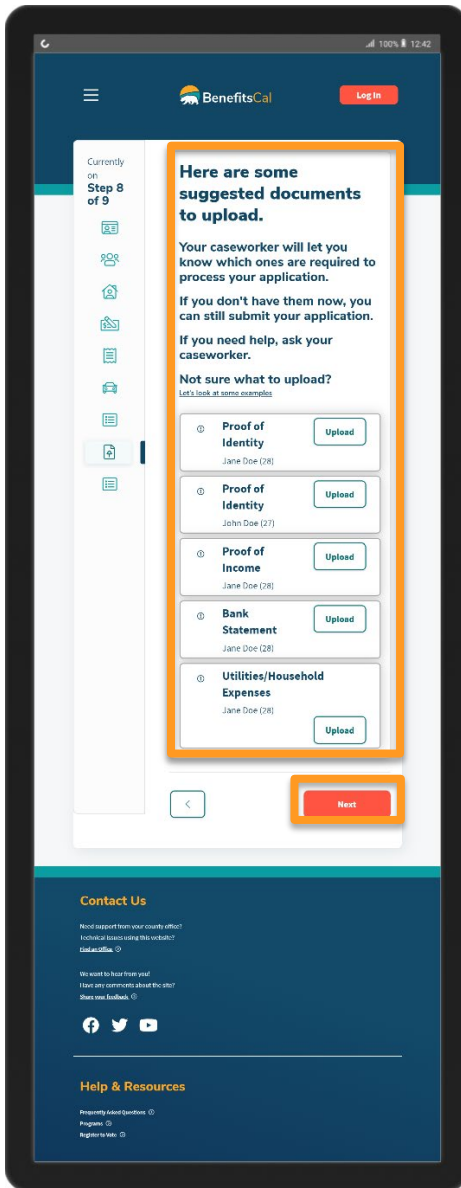
## Does anyone receive SNAP

The customer is asked to confirm whether any household members are receiving CalFresh assistance.

Click the **YES** or **NO** buttons to proceed.

- If Yes, a new screen opens to confirm whether the customer received replacement benefits for the current month.
- If the **Yes** button is clicked again, a new screen will open to request how much they received or will receive.

Click the **NEXT** button.



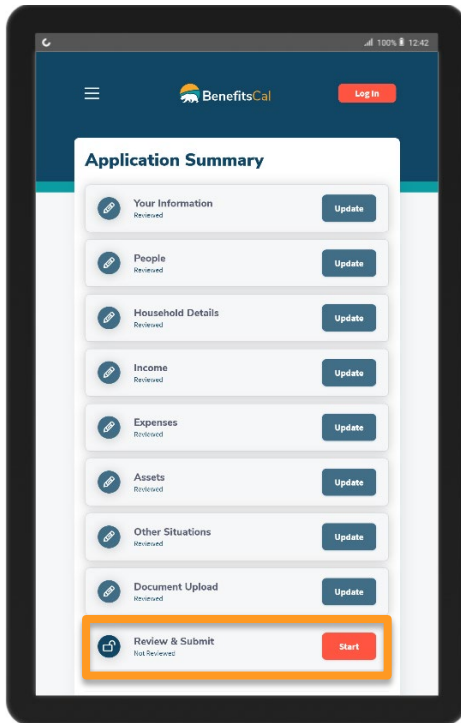
## Document Upload

Document Upload displays the documents needed for each person.

Still not sure what to upload, click the **Let's look at some examples** hyperlink.

Ready to upload, click the **UPLOAD** button and select the document or use a mobile phone to capture the document and upload.

Click the **NEXT** button.



## Review and Submit

An Application Summary displays all sections of the completed application and allows the customer to make corrections prior to submitting.

Click the **START** button to review and submit the application.

BenefitsCal Log In

Currently on Step 9 of 9

**Please sign below.**

[Review my application](#)

- I have read the **Benefits, Responsibilities and Penalties** (or had them read to me)
- I certify that I understand the questions on the

Disaster CalFresh benefits

- I authorize the release of any information necessary to determine the accuracy of my eligibility
- If I am selected, I will fully cooperate with county, state and federal staff in a review to be conducted after the disaster benefit period
- I also understand that I may be required to repay any benefits which are overpaid because I, another adult household member, or the authorized representative reports incorrect or incomplete information
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on my application is true, correct, and complete

**Signature of adult household member or authorized representative**

First Name (required)

Last Name (required)

Date (required)

**Witness Signature**

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.

[SUBMIT SIGNATURE](#)

## Review and Submit

Before signing the application, the system provides the ability to:

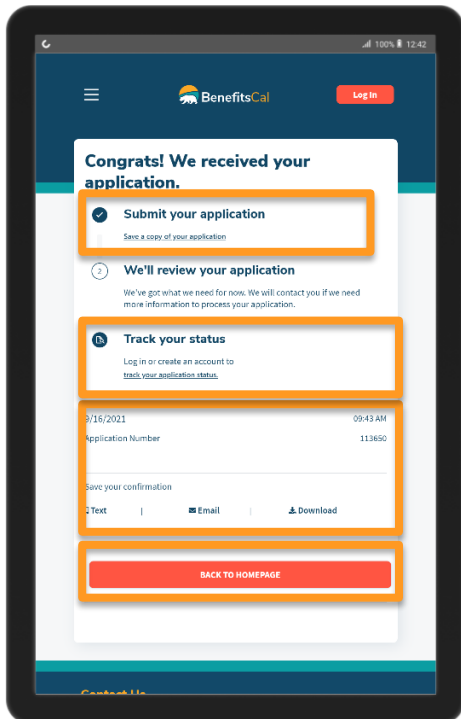
- ✓ Review my application
- ✓ Review the rights and responsibilities
- ✓ Review the program rules and penalties

Enter the adult household member or authorized representative's **First Name**, **Last Name**, and today's **Date** (MM/DD/YYYY).

If an authorized representative was indicated earlier in the application, the system will display fields to enter a witness signature **First Name**, **Last Name**, and today's **date** (MM/DD/YYYY).

Click the checkbox to electronically sign the application.

Click the **SUBMIT APPLICATION** button.



## Confirmation

The application is submitted successfully.

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

Click the **Track your application status** hyperlink to navigate to the Customer Dashboard if the customer created an account. If a non-logged in user selects the hyperlink, the Create an Account screen will display.

Click the **Text, Email, or Download** hyperlinks to save a receipt of the application.

Click the **BACK TO HOMEPAGE** button.