



## CalFresh Forms for Customers

Form Number	Form Name	Category	DPSS Revision Date	CDSS Revision Date	AE	CA	CH	EN	KO	RU	SP	TG	VI	Comment
AR 3	MID-YEAR STATUS REPORT	Notice - Other Change	02-2015	02-2015	X	X	X	X	X	X	X	X	X	Multi-Programs; CalWORKs lead
CF 10	DEPENDENT CARE COST AFFIDAVIT	Miscellaneous	12-2013	12-2013	X	X	X	X	X	X	X	X	X	
CF 285	APPLICATION FOR CALFRESH BENEFITS	Application Forms	06-2019	06-2019	X	X	X	X	X	X	X	X	X	
CF 285LP	APPLICATION FOR CALFRESH BENEFITS	Application Forms	06-2019	06-2019	X	X	X	X	X	X	X	X	X	
CF 31	CALFRESH SUPPLEMENTAL FORM FOR SPECIAL MEDICAL DEDUCTIONS	Application Forms	04-2015	01-2018	X	X	X	X	X	X	X	X	X	
CF 32	CALFRESH REQUEST FOR CONTACT	Notice - Other	06-2013	06-2013	X	X	X	X	X	X	X	X	X	
CF 303	REPLACEMENT OR SUPPLEMENT AFFIDAVIT/ AUTHORIZATION	Application Forms	08-2019	08-2019	X	X	X	X	X	X	X	X	X	
CF 377.11E	CALFRESH ABAWD TIME LIMIT EXEMPTION SCREENING FORM	Miscellaneous	01-2020	01-2020				X			X			
CF 385	APPLICATION FOR DISASTER CALFRESH	Application Forms	10-2015	10-2015	X	X	X	X	X	X	X	X	X	
CF RR	CALFRESH RIGHTS AND RESPONSIBILITIES	NOTICE-OTHER	11-2016	None	X	X	X	X	X	X	X	X	X	LA County
CW 2223	DEMOGRAPHIC QUESTIONNAIRE FOR CALWORKS, RCS, ECA, TCVP, AND CALFRESH	Miscellaneous	09-2018	09-2018				X						Multi-Programs; CalWORKs lead
CW 8	STATEMENT OF FACTS FOR AN ADDITIONAL PERSON	Application Forms	11-2014	11-2014	X	X	X	X	X	X	X	X	X	Multi-Programs; CalWORKs lead
CW 8A	STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16	Application Forms	12-2014	12-2014	X	X	X	X	X	X	X	X	X	Multi-Programs; CalWORKs lead
GEN 1365	NOTICE OF LANGUAGE SERVICES (MULTILINGUAL)	NOTICE-OTHER	06-2017	06-2017	X	X	X	X	X	X	X	X	X	Multi-Program; CalWORKs lead



TEMP 2201 LA	CASH AID/FOOD STAMPS ELECTRIC BENEFIT TRANSFER - EBT REQUEST FOR A DESIGNATED ALTERNATE CARDHOLDER/ AUTHORIZED REPRESENTATIVE	Miscellaneous	7-2003	07-2003				X							Multi-Program; CalWORKs lead
--------------	---	---------------	--------	---------	--	--	--	---	--	--	--	--	--	--	------------------------------

Draft

## GR Forms for Customers

Form Number	Form Name	Category	DPSS Revision Date	CDSS Revision Date	AE	CA	CH	EN	KO	RU	SP	TG	VI	Comment
SSP 14	AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL CLAIM OR POSTELIGIBILITY CASE	APPLICATION FORMS	09/2010	None				X			X			GR Program - GR Program lead

Draft



## GROW Forms for Customers

Form Number	Form Name	Category	DPSS Revision Date	CDSS Revision Date	AE	CA	CH	EN	KO	RU	SP	TG	VI	Comment
ABP 192	VERIFICATION OF EMPLOYMENT REQUEST	Notice - Other	08/2022	None				X						GR/GROW Program - GROW Program lead

Draft