NO WAITING IN LINE

Apply for CalFresh, Medi-Cal and/or CalWORKs

The <u>minimum</u> information required to submit an application is:

• Name • Address • Signature

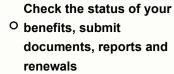
Mail or Fax

- Mail to: PO Box 939044
 San Diego, CA 92193
- Submit applications and Documents
- Fax to: 619-236-9167









◆ To Apply for CalFresh Only:

GetCalFresh.org





SCAN ME

On the Phone or In Person

- Call <u>2-1-1</u>
 Request general information
- At your local Family Resource Center



Need to Turn in Documents?

Use Your Computer, Mobile Phone or Tablet

Go to: SanDiegoCounty.gov

Enter <u>LaterDocs</u> in the search field Then follow the prompts



Need Questions Answered?



EBT Hotline - 1-877-328-9677

EBT Account Balance, Report Lost/Stolen Card, Request Replacement Card, Check Transaction History

Access Customer Service Center

Monday thru Friday—7:00 AM—5:00 PM Check the Status of Your Application, Benefit, and Request Information

Toll Free: 1-866-262-9881

TDD (Hearing Impaired): 7-1-1



